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**State of Utah**  
**Department of Health and Human Services**  
**Division of Child and Family Services**

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**2024 Annual Progress and Service Report**  
**June 30, 2023**

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## ATTACHMENTS

### Attachment A.

- 1.1 CFS-101 Part 1 Signed
- 1.2 CFS-101 Part 2, and Part 3 Signed
- 1.3 CFS-101 Excel Version of Parts 1, 2, and 3

Attachment B. Foster and Adoptive Parent Diligent Recruitment Plan

Attachment C. Healthcare Oversight and Coordination Plan

Attachment D. Emergency Response and Recovery Plan

Attachment E. Training Plan

Attachment F. Parent Child in a Residential Substance Use Treatment Program CQI Report

Attachment G. Intake CQI Report

Attachment H. SRI IV-E Research – EDIA – SFY 2023 Interim Report – March 2023

Attachment I. CPS Citizen Review Panel Annual Report - Calendar Year 2022

Attachment J. State Attorney General's Letter – CAPTA

Attachment K. 2023 Utah Legislative Session Statutes Applicable to CPS

## INTRODUCTION

The Utah Division of Child and Family Services (DCFS) is submitting this Annual Progress and Services Report (APSR) for the 2020-2024 Child and Family Services Plan (CFSP) in accordance with ACYF-CB-PI-20-13, issued by the Administration for Children and Families, Children's Bureau, on December 17, 2020. This report provides the fourth review and update of progress made in attaining Utah's vision for child welfare system improvements as stated in its FFY 2020-2024 CFSP, with the overall goals leading to safe children through strengthened families in the context of a strong workforce and integrated child welfare system. Utah's CFSP also leads to desired outcomes of safety, permanency, and wellbeing for Utah's children and families through strengthened partnerships within the state's child welfare system.

In this document, DCFS also provides an update on Utah's progress related to the following:

- Seven child and family outcomes and the seven systemic factors that are part of the Child and Family Services Review (CFSR).
- Major program areas that coordinate the delivery of services to children and families.
- Goals for improving the safety of children through strengthening their families, in the context of a strong workforce and integrated child welfare system.
- Continuous Quality Improvement (CQI) principles and workflows.
- Involvement of stakeholders, tribes, and courts, which were instrumental in the development of Utah's 2020-2024 CFSP.
- Training activities that are designed to support the child welfare system.

The following programs are coordinated by the submission of the 2020-2024 CFSP with progress reported in this APSR:

- The Stephanie Tubbs Jones Child Welfare Services Program (title IV-B, subpart 1).
- Services provided in the four areas under the Promoting Safe and Stable Families Program (title IV-B, subpart 2):
  - Family Preservation.
  - Family Support.
  - Family Reunification.
  - Adoption Promotion and Support Services.
- Kinship Navigator Funding (under title IV-B, subpart 2).
- Monthly Caseworker Visit Funds.
- Adoption and Legal Guardianship Incentive Payment Funds.
- Adoption Savings.
- Chafee and Education and Training Vouchers (ETV).
- Training activities in support of the CFSP goals and objectives, including training funded by titles IV-B and IV-E.

Utah's 2020-2024 CFSP was informed by Utah's Title IV-E child welfare waiver demonstration project, which concluded on September 30, 2019, and by activities outlined in the Child Abuse Prevention and Treatment Act (CAPTA) Plan.

Utah also received additional funding sources as indicated below, including supplemental awards due to the COVID-19 public health emergency:

- John H. Chafee Transition to Successful Adulthood supplemental grant authorized under the Consolidated Appropriations Act, 2021.
- Education and Training Voucher supplemental grant authorized under the Consolidated Appropriations Act, 2021.
- Family First Prevention Services Act Transition Grant.
- Family First Transition Act Funding Certainty Grant.
- Child Abuse Prevention and Treatment Act (CAPTA) supplemental grant authorized under the American Rescue Plan Act of 2021.
- Community-based Child Abuse Prevention (CBCAP) supplemental grant authorized under the American Rescue Plan Act of 2021.

Where applicable, reporting requirements for these additional grants are incorporated below.

This document will be distributed to the following agencies or individuals:

- Executive Director, Department of Health and Human Services.
- Federal Regional Program Manager, Region VIII, Children's Bureau.
- Federal Child and Family Program Specialist for Utah, Region VIII, Children's Bureau.

This APSR will also be made available to Native American Tribes located within the State of Utah, placed online at [dcfs.utah.gov/resources/reports-and-data](https://dcfs.utah.gov/resources/reports-and-data), and it will be available to other interested parties at their request.

The Utah DCFS Federal Operations Administrator's contact information is found below; this is the individual to contact regarding Utah's APSR. The Administrator's office is in the state administrative headquarters in Salt Lake City, Utah.

Cosette Mills, Federal Operations Administrator  
Division of Child and Family Services  
195 North 1950 West  
Salt Lake City, UT 84116  
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## State Agency Administering the Programs

The Department of Health and Human Services (DHHS) is responsible for the administration of programs and services provided using funding authorized by Titles IV-B, IV-E, and XX of the Social Security Act. The department has designated DCFS as the agency responsible for implementing and providing direct oversight of Title IV-B and Title IV-E programs, as well as child abuse prevention and domestic violence services delivered to Utah's children and families. As such, DCFS administers federal funds received through the Stephanie Tubbs Jones Child Welfare Services (IV-B Part 1), PSSF (IV-B Part 2) including Monthly Caseworker Visits; Adoption and Guardianship Incentive Payments Program; CAPTA; Chafee; and ETV.

The child welfare system in Utah is state administered. DCFS is the lead child welfare agency and provides services throughout the state. The Division is responsible for agency planning, collaboration with state legislators, implementation and coordination of federally funded programs, policy development, information system development and maintenance, and the overall management of child welfare programs and services. DCFS is also responsible for designing services, developing contracts, and establishing standards for all services delivered directly by the Division, as well as those offered by program and service providers with which it contracts.

In addition, DHHS Division of Continuous Quality and Improvement is responsible for monitoring contracts, monitoring internal and external service effectiveness, and evaluating qualitative and quantitative data to help shape how and what services have the greatest success in achieving the results for children, youth, families, and adults.

## Management

The Division Director is the administrative head of DCFS. The Director's office is in the state administrative headquarters in Salt Lake City, Utah. In August 2022, Diane Moore retired; in October 2022, Tonya Myrup, who had previously been the Division Assistant Director, was selected as the Division's new director.

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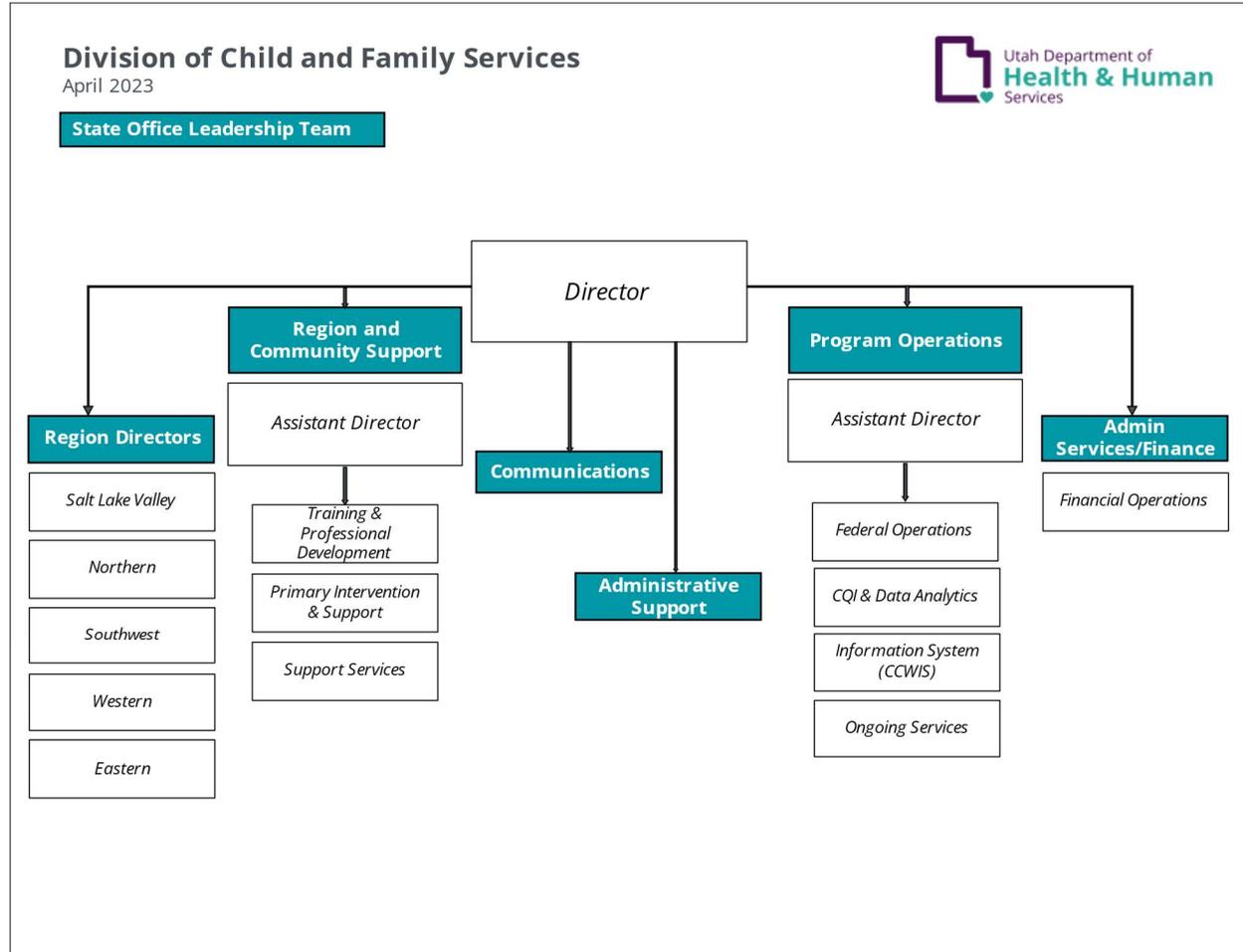
Three administrative teams coordinate activities and make policy decisions that guide agency programs and services. First, the DCFS State Office Administrative Team meets weekly and is comprised of the Director; two Assistant Directors; Finance; Program Administrators under Region and Community Support and Program Operations; Communications; and Administrative Support. This body has the primary responsibility for overseeing state office operations, including planning, budgeting, and communications. Second, a Region Director meeting is held twice monthly and includes the Director, two Assistant Directors, the five Region Directors (RD), and Administrative Support. This team is responsible for coordinating statewide operations and ensuring consistency of practice and access to services across the state. Third, the State Leadership Team (SLT) meets monthly and consists of the DCFS State Office Administrative Team and the five Region Directors. This team connects the work done by the DCFS State Office Administrative Team and the RD group to align State Office operations with regional needs.

Region Directors, located in five geographically defined regions, lead their administrative teams and are responsible for their region's budget, personnel, interagency partnerships, and service delivery. Staff members in the regions deliver services statewide to children and families. Governmental, private for-profit, and nonprofit contract providers deliver additional services.

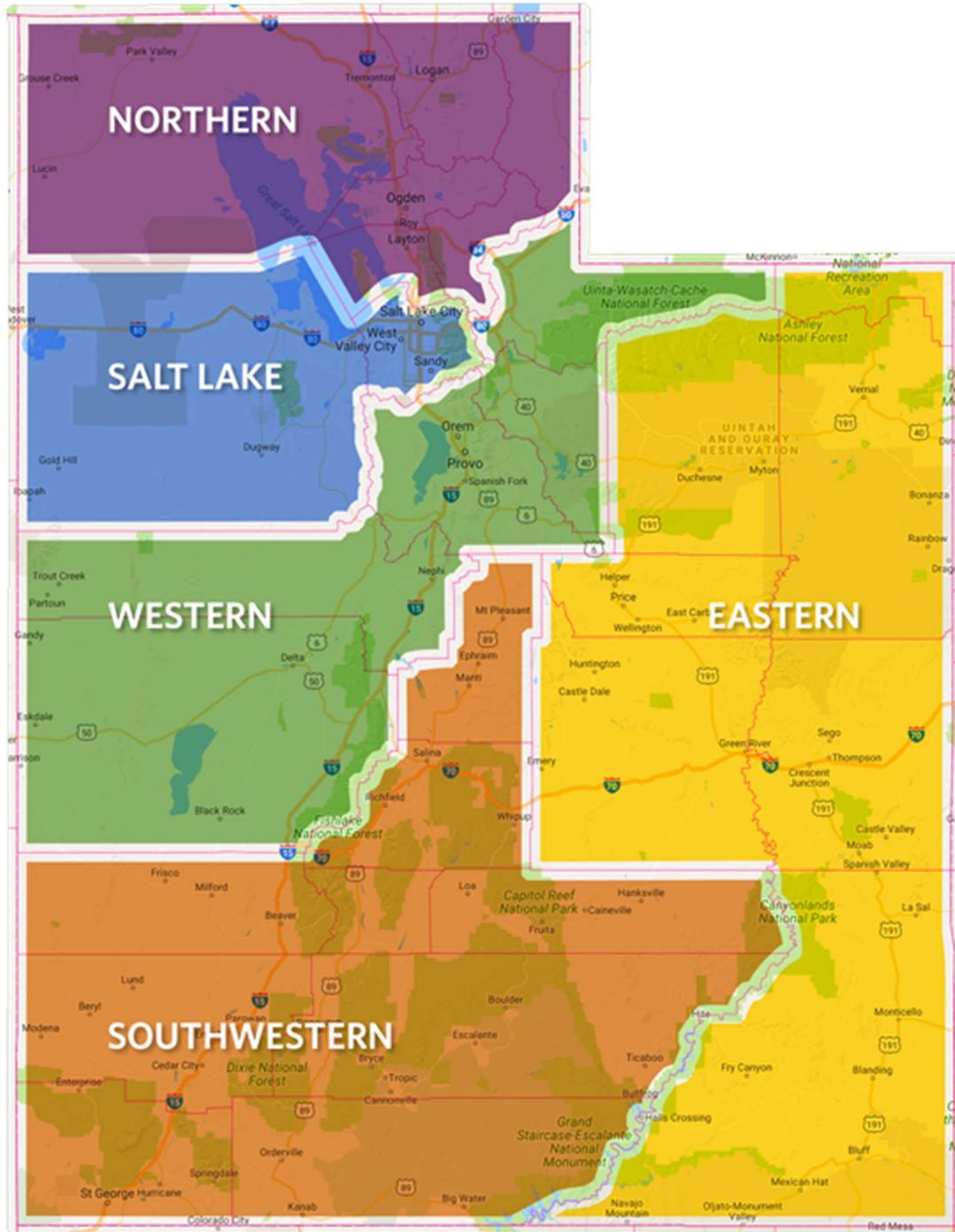
## **State Agency Realignment**

On March 23, 2021, Governor Cox signed H.B. 365, "State Agency Realignment," which consolidated the Utah Department of Health and Utah Department of Human Services into a single state agency, effective July 1, 2022. Under the newly formed Department of Health and Human Services, the Division of Child and Family Services is located within the Community Health and Wellbeing organizational unit.

# Division of Child and Family Services Organizational Chart



# Division of Child and Family Services Map of Regional Boundaries



## I. COLLABORATION AND VISION

### *APSR Update*

Meaningful collaborations have continued in the four years since submission of the 2020-2024 CFSP. While an increase of in-person gatherings have occurred this past year, ongoing safety concerns regarding COVID-19 have resulted in some collaborations continuing to be held virtually. Fortunately, meaningful collaborations with stakeholders and community partners, as well as collaborations involving youth and family voice, have occurred and are highlighted in the report below.

In response to federal regulations at 45 CFR 1357.16, Utah regularly engages the agencies, organizations, and individuals who are part of the ongoing CFSP-related consultation and coordination process. Collaboration partners and stakeholders include the state's legal and judicial community, including the Court Improvement Program and Children's Justice Act (CJA) grantee, tribes, prevention partners, service providers, faith-based and community organizations, frontline workers, and representatives of state and local agencies administering other federal or federally assisted programs serving children and families, such as Head Start, child care, the Temporary Assistance for Needy Families (TANF), and state and local education agencies.

Utah actively strives for meaningful collaboration with families, children, youth, and other partners to identify and work toward shared goals and activities, assess outcomes, and develop strategic plans to increase the safety, permanency, and wellbeing of children in the child welfare system. Utah has used a variety of approaches and activities to continue its collaboration and consultation with stakeholders. Approaches include focus groups, surveys, planning forums, and other community-based strategies for linking the CFSP with the CFSR review process.

Utah's collaboration activities contributed to the development of the goals and objectives and 2020-2024 CFSP and have continued to inform program development and implementation designed to achieve our shared vision.

### **Vision, Mission, and Practice Model**

Accomplishing a shared vision will help to align valuable resources and create the conditions necessary to support prevention and better outcomes for children and families. Utah strives to create a shared vision across the broader child welfare system and desires its community partners to see the organization and services as part of that vision. The agency's mission and practice model are essential foundational elements to overall system success and continuing improvement efforts.

## *Vision*

The designated vision for DCFS is Safe Children, Strengthened Families. For the purpose of the CFSP, this vision has been enhanced to focus system improvement goals, and it can be summarized as “safe children through strengthening families within the context of a supported workforce and integrated child welfare system and community.”

## *Mission Statement*

Keep children safe from abuse and neglect and provide domestic violence services by strengthening families and working with communities.

## *Practice Model*

### *Practice Model Principles*

Practice Model Principles guide staff as they strive to achieve the agency’s vision and meet its mission. They are consistent with child and family services principles specified in federal regulations [45 CFR 1355.25(a) through 1355.25(h)].

**Principle One: Protection.** Children's safety is paramount; children and adults have a right to live free from abuse.

**Principle Two: Development.** Children and families need consistent nurturing in a healthy environment to achieve their developmental potential.

**Principle Three: Permanency.** All children need and are entitled to enduring relationships that provide a family stability, belonging, and a sense of self that connects children to their past, present, and future.

**Principle Four: Cultural Responsiveness.** Children and families are to be understood within the context of their own family rules, traditions, history, and culture.

**Principle Five: Partnership.** The entire community shares the responsibility to create an environment that helps families raise children to their fullest potential.

**Principle Six: Organizational Competence.** Committed, qualified, trained, and skilled staff, supported by an effectively structured organization, help ensure positive outcomes for children and families.

**Principle Seven: Professional Competence.** Children and families need a relationship with an accepting, concerned, empathetic worker who can confront difficult issues and effectively assist them in their progress toward positive change.

### *Practice Skills*

Using Practice Model Principles as a guide, a set of key Practice Skills have been formulated and are designed to put our values into action. These basic skills are:

**Engaging.** The skill necessary to effectively establish a relationship with children, parents, and individuals who work together to help meet a child or family's needs or resolve child-welfare-related issues.

**Teaming.** The skill a worker uses to assemble, become a member of, or lead a group or groups that supply needed support, services, and resources to children or families, and that help resolve critical child and family welfare-related issues. Child welfare is a community effort and requires a team.

**Assessing.** The skill that workers use to obtain information about salient events and underlying causes that trigger a child's or family's need for child welfare-related services. This discovery process helps the child and family identify issues that affect the safety, permanency, or wellbeing of the child, helps children and families discover and promote strengths that they can use to resolve issues, determines the child's or family's capacity to complete tasks or achieve goals, and ascertains a family's willingness to seek and utilize resources that can support them as they try to resolve their issues.

**Planning.** The skill that workers use to identify and design incremental steps that help move children and families from where they are to a better level of functioning. During the planning cycle, a worker helps children and families:

- Make decisions about what programs, services, or resources they want to use to meet their needs.
- Evaluate the effectiveness of their decisions.
- Rework or revise their service delivery plan.
- Celebrate successes when they occur.
- Face consequences that result when their plan fails to achieve the desired results.

The planning process produces a unique service delivery plan tailored to the needs of the individual child or family.

**Intervening.** The skill used to intercede when a child or family's interactions, activities, or behaviors fail to decrease risk, provide safety, promote permanency, or ensure the wellbeing of a child. This

skill is utilized when helping families find housing, when helping a parent change negative patterns of thinking about their children, or when helping members of a family change their relationship with one another.

### *Practice Standards*

Following are general practice standards that cross program boundaries. Together with practice principles and skills, these standards help caseworkers understand their roles and responsibilities. Standards provide guidance to caseworkers who provide services that help ensure the safety, permanency, and wellbeing of each child and family they serve.

#### A. Service Delivery Standards.

1. Children and families will receive individualized services matched to their strengths and needs as assessed by the Child and Family Team.
  - a. Prevention services help resolve family conflicts and behavioral or emotional concerns before there is a need for the family to become deeply involved in the child welfare system.
  - b. In a family where abuse has already occurred, interventions will be developed with the goal of preventing any future incidents of abuse.
2. Services provided to children and families will respect their cultural, ethnic, and religious heritage.
3. Services will be provided in the home-based and neighborhood-based settings that are most appropriate for the child or family's needs.
  - a. Services will be provided in the least restrictive, most normalized setting appropriate.
4. Meaningful child and family participation in decision-making is vitally important. To the level of their abilities, all children and family members shall have a voice in decisions made about their lives, even when specialized communication services are required.
  - a. Children and families will be actively involved in identifying their strengths and needs and in matching services to identified needs.
5. In whatever placement is deemed appropriate, siblings should be placed together. When this is not possible or appropriate, siblings should have frequent opportunities to visit one another.
6. When an out-of-home placement is required, children should be placed in close proximity to their family with frequent opportunities to visit.
7. When children are placed in an environment outside of their parents' home, they must be provided with developmentally appropriate educational and vocational opportunities with the goal of becoming self-sufficient adults.
8. Children receiving services shall receive adequate, timely medical and mental healthcare that is responsive to their needs.

B. Standards Relating to Child and Family Teams.

1. Working within the context of a Child and Family Team is the most effective way to identify and provide services to children and families.
2. Whenever possible, critical decisions about children and families, such as service plan development and modification, removal, placement, and permanency, will be made by a team to include the child and their family, the family's informal helping systems, out-of-home caregivers, and formal supports.
3. Child and Family Teams should meet face-to-face periodically to evaluate assessments, case planning, and services delivered. They should also meet to track the child or family's progress. When there are domestic violence issues, separate Child and Family Team Meetings may be held.

C. Standards Relating to Assessments.

1. Strengths-based assessments should be produced that:
  - a. Address the family's underlying needs and conditions.
  - b. Engage the family in the identification or development of interventions that address threats of harm, the protective capacities of the family, and the child's vulnerability.

D. Standards Relating to Planning.

1. Children and/or their family members shall be involved in the planning process. The plan will be adapted and changed as the case evolves. The Child and Family Plan:
  - a. Incorporates input from the family as well as the family's formal and informal supports.
  - b. Identifies family strengths.
  - c. Utilizes available assessments.
  - d. Identifies services that address the family's needs and includes specific steps and services that help the family maintain the child's safety, permanency, and wellbeing.
  - e. Anticipates transitions.
  - f. Addresses safety for both child and adult victims.
  - g. Identifies permanency and concurrent permanency goals.

## II. ASSESSMENT OF CURRENT PERFORMANCE IN IMPROVING OUTCOMES

Last year, Utah successfully concluded the implementation of its two-year Program Improvement Plan (PIP), as confirmed by the Children’s Bureau in March 2023. This year, Utah met the last remaining PIP measurement goal, as assessed through internal CFSR reviews. A letter dated March 2nd, 2023, from Aysha E. Schomburg, Associate Commissioner of the Children’s Bureau, confirmed that Utah met the goals and thus exited the PIP. This concludes Round 3 of the CFSR for Utah.

The data below shows the 2022 performance on the 10 CFSR items that had a PIP goal. As can be seen in measurement period 8, Utah has met the goal in all 10 items and has continued to meet and exceed that goal.

2022 CFSR Items with a PIP Goal				
CFSR Items Requiring Measurement	Item Description	PIP Baseline	PIP Goal	Measurement Period 8 (Jan 1, 2022 - Dec. 31, 2022) N=81
Item 1	Timeliness of Initiating Investigations of Reports of Child Maltreatment	59.3%	65%	88.9%
Item 2	Services to Family to Protect Child(ren) in the Home and Prevent Removal or Re-Entry into Foster Care	60.0%	67%	67.9%
Item 3	Risk and Safety Assessment and Management	55.4%	59%	63.0%
Item 4	Stability of Foster Care Placement	57.5%	62%	66.7%
Item 5	Permanency Goal for Child	62.2%	67%	85.1%
Item 6	Achieving Reunification, Guardianship, Adoption, or Other Planned Permanent Living Arrangement	55.0%	60%	77.1%
Item 12	Needs and Services of Child, Parents, and Foster Parents	35.4%	39%	46.3%
Item 13	Child and Family Involvement in Case Planning	62.3%	66%	74.0%
Item 14	Caseworker Visits with Child	63.1%	66%	84.0%
Item 15	Caseworker Visits with Parents	47.4%	51%	52.7%

## Child and Family Outcomes

**Safety Outcome 1: Children are, first and foremost, protected from abuse and neglect.**

CFSR Results <sup>1</sup>		2018 Onsite Review	2019	2020	2021	2022	N
Item 1	Timeliness of Initiating Investigations of Child Maltreatment Reports	80%	60%	59%	90%	<b>89%</b>	36

*NOTES: <sup>1</sup> Utah is using calendar year data, as used for the PIP measurement, not the usual fiscal year. <sup>2</sup> The 2022 green highlighted performance indicator met the PIP goal of 65%.*

Utah met CFSR item 1 PIP goal of 65% in the first reporting period and has continued to exceed the goal. Cases reviewed during calendar year 2022 achieved 89% performance.

DCFS has several measures in place to track policy compliance of seeing child victims within priority timeframes and addressing lack of compliance. These measures include reviewing compliance as part of the Case Process Review (CPR); pulling reports at the worker, supervisor, team, region, and state levels; addressing reasons for declines in performance; and using prompts and notices in the CCWS system to alert administrators when compliance is not met. Utah has remained near 90% compliance with this policy for many years and has successfully addressed declines when they occurred. The CPR measure was adapted in 2020 to reflect a policy change requested as a result of the 2018 CFSR and now measures priority time being met when all alleged child victims are seen within the priority timeframe.

CPR Results								
Question: Did the investigating worker see the children within the priority time frame?								
Type and Tool #	Sample Size	Standard	SFY Performance Rate					
CPSG.1	137	90%	2017	2018	2019	2020	2021	2022
			89%	87%	91%	86%	89%	89%

**Safety Outcome 2: Children are safely maintained in their homes whenever possible and appropriate.**

CFSR Results <sup>1</sup>		2018 Onsite Review	2019	2020	2021	2022 <sup>2</sup>	N
Item 2	Services to protect child(ren) in the home and prevent removal or re-entry into foster care	55%	61%	60%	48%	<b>68%</b>	28
Item 3	Risk and Safety Assessment and Management	62%	54%	55%	54%	<b>63%</b>	81

NOTES: <sup>1</sup> Utah is using calendar year data, as used for the PIP measurement, not the usual fiscal year.  
<sup>2</sup> The 2022 green highlighted performance indicator met the PIP goal of 65%.

To address issues found during the onsite review, the following PIP strategies, aimed at improving the skills of caseworkers to conduct comprehensive safety assessments of children living in their homes or scheduled to return to their homes, were identified:

*PIP Strategy: Develop and implement practice guidelines, standard operating procedures, and/or tools for quality visits and safety assessments of homes where the children are living or returning to (Adaptive Strategy).*

Strategies included the introduction of a safety staffing guide intended for use by supervisors, a training for staff on assessing the safety of vulnerable child populations, and a training with practice examples for supervisors to help increase their comfort level when using the safety staffing guide. As can be seen in the table above, the performance on items 2 and 3 remained stagnant initially. As a result, Utah implemented additional measures. The in-depth analysis of cases with ANIs (Areas Needing Improvement) showed cases experiencing gaps in services between the initial identification of safety concerns and the actual onset of safety services. Also, missing private conversations with children during home visits was another concern. Additional efforts were put forth, with focus on the transfer of cases from CPS to in-home services and the quality of home visits and their recording in the activity logs. The performance on item 2 and 3 finally started improving and met the PIP goals, reaching 68% and 63%, respectively.

**Re-entry Data for Utah**

The table below shows the percent of children who entered foster care; were subsequently discharged from care within 12 months to reunification, living with a relative, or guardianship (including guardianship or custody to a foster parent or other non-relative); and re-entered foster care within 12 months. The February 2023 Data Profile table below shows Utah’s re-entry rate at

4.3%, which meets the national performance standard of 5.6% (The standard was recently lowered from 8.1% to 5.6%). Utah's re-entry rate continues to go down which is an encouraging trend.

Re-entry to Foster Care within 12 months (February 2022)								
	National Standard		18B19A	19A19	19B20A	20A20B	20B21A	<b>21A21B</b>
Re-entry to Foster Care	5.6%	RSP	6.5%	6.3%	6.1%	6.2%	4.9%	<b>4.3%</b>

### Maltreatment in Foster Care Data

The February 2023 Data Profile table shows Utah's most recent performance rate for children in foster care who were found to be victims of maltreatment while in foster care at 12.95, with a Risk Standardized Performance (RSP) adjustment at 16.87. This rate is higher than the National Performance Standard of 9.07 and has increased since last year. This is discouraging, considering efforts to fix data entry errors. During FFY 2020, there were 109 child victims of maltreatment while in foster care. In the last few years, errors were found in the recording of incident dates that significantly contributed to the higher rates. Corrections were made, but it takes some time for the corrections to show in the Data Profile. The most recent Data Profile shows 2020 data. More corrections were done recently. Instructions were provided statewide to alert caseworkers and their supervisors to the risk of errors and provide guidance when the date of an incident was not clear. Due to the entry errors, DCFS is confident that the performance is much better than shown in the table below.

Maltreatment in Care					
	National Standard		18AB, FFY18	19AB, FY19	<b>20AB, FFY20</b>
Maltreatment in Care (victimizations/100,000 days in care)	9.07	RSP	15.67	13.79	<b>16.87</b>

### Recurrence of Maltreatment

The February 2023 Data Profile table shows Utah's performance rate for the recurrence of child maltreatment to be 9.3%, which is better than the last few years and meets the national standard of 9.7%. However, with the RSP adjustment, the reported performance rate is 12.6%, which is above the desired national standard and does not meet the goal.

Recurrence of Maltreatment with Risk Standardized Performance (RSP) Adjustment					
			FFY 18-19	FFY 19-20	<b>FFY 20-21</b>
Recurrence of Maltreatment	National Standard	Observed Performance	10.4%	9.4%	<b>9.3%</b>
	9.7%	RSP	14.0%	12.7%	<b>12.6%</b>

The internal data chart below shows FFYs 2017-2022 number and percentage of children who did not experience another supported maltreatment occurrence within 12 months of their initial CPS case. The rate of 88.8% of children who did not experience repeat maltreatment in the last fiscal year – or the rate of 11.2% who did – is slightly above the federal standard of 9.5%.

<b>Supported Victims without a Recurrence of Maltreatment within 12 Months<sup>1</sup></b>												
	FFY 2017		FFY 2018		FFY 2019		FFY 2020		FFY 2021		FFY 2022 <sup>2</sup>	
Victim Age at First Case Start	Count	Percent	Count	Percent								
0 to 1 Year	198	88.3%	214	87.4%	179	89.9%	163	89.0%	157	88.0%		
2 to 5 Years	242	88.7%	245	88.7%	247	89.0%	251	87.5%	229	88.3%		
6 to 12 Years	422	88.4%	440	88.6%	418	89.3%	398	88.9%	433	87.9%		
13+ Years	261	90.5%	263	90.5%	278	90.8%	237	92.0%	256	906.0%		
TOTAL w/o Recurrence within 12 Mos.	1,117	89.00%	1,156	88.90%	1,115	89.80%	1,043	89.60%	1,072	88.80%		

NOTES: <sup>1</sup> Recidivism data is reported for the FFY in which the first supported case was closed. <sup>2</sup> FFY 2022 data is NOT included for Measure 1.1.b, as a full 12 months have NOT passed since the last day of FFY 2022. Data for CPS cases closed during FFY 2022 will be available after September 30, 2023.

## Permanency Outcomes

**Permanency Outcome 1: Children have permanency and stability in their living situations.**

	CFSR Results <sup>1</sup>	2018 Onsite Review	2019	2020	2021	2022 <sup>2</sup>	N
Item 4	Stability of Foster Care Placement	48%	58%	58%	68%	<b>67%</b>	48
Item 5	Permanency Goal for Child	77%	67%	62%	72%	<b>85%</b>	47
Item 6	Achieving Reunification, Guardianship, Adoption, or Other Planned Permanent Living Arrangement	58%	45%	55%	62%	<b>77%</b>	48

NOTES: <sup>1</sup> Utah is using calendar year data, as used for the PIP measurement, not the usual fiscal year. <sup>2</sup> The green highlighted performance indicators met their PIP goals.

Historically, DCFS has strongly focused on children having permanency and stability in their living situations. The CFSR results were the catalyst to analyze root causes for the low permanency and stability performance. Issues were thought to be offset by the frequency of court hearings and high performance in achieving adoptions under 24 months. In addition, Utah was meeting the standard for each of the three national data indicators on attaining permanency (see below), which further cemented the belief that Utah was doing well in this area. However, it was learned that there were inconsistent practices in Utah juvenile court hearings that contributed to delays, inappropriate goals, and a lack of engaging parents and other parties.

**Strategies**

Placement Stability (Item 4): A primary root cause identified was that out-of-home caregivers lack the necessary support to maintain placements. This concern was reiterated in stakeholder interviews with foster and kin parents. Another finding showed that DCFS needed to increase inclusion of children and their families in ongoing assessment of placements and make sure they have a voice in placement decisions, with priority on kinship placements. The following adaptive strategy was developed.

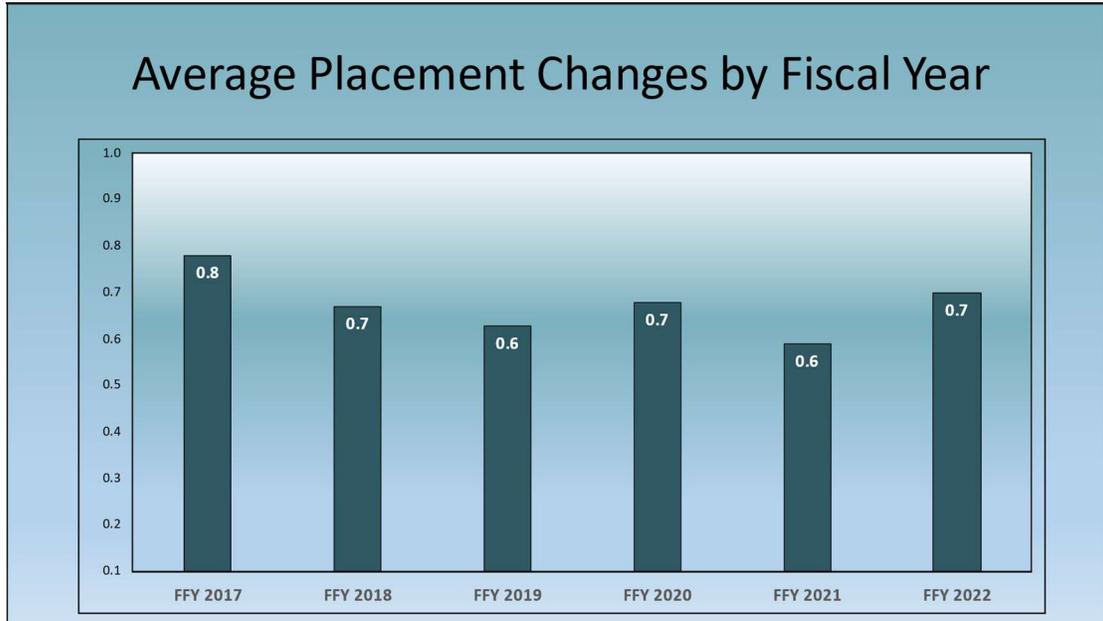
*PIP Strategy: The agency develops a structure for caseworkers to assess and meet the needs of out of home caregivers and children in their homes on an ongoing basis and for supervisors to monitor and support caseworkers in these efforts.*

In the first reporting period, Utah met its PIP goal of 62% on item 4, Stability of Foster Care Placement and reached 68% in calendar year 2021 and 67% in 2022. It is possible that the COVID-19 pandemic contributed to a lower number of moves. But the performance has remained close to the same in 2022.

On the Statewide Data Indicator for Placement Stability, Utah is not meeting the national standard. Utah’s performance of 5.55 (National Standard is 4.48 moves/1,000 days in care) in the February 2023 Utah Data Profile is above the desired national standard and trending upward. This reflects internal numbers (see below) and reflects the struggles reported across the state to find appropriate placements for Utah’s children in foster care.

Placement Stability (February 2022)								
	National Standard		19B20A	20A20B	20B21A	21A21B	21B22A	22A22B
Placement Stability (moves/1,000 days in care)	4.48	RSP	5.14	5.21	4.84	5.05	5.34	5.55

The FFY 2022 DCFS internal data for average number of placements also shows a recent trend in the wrong direction.



Appropriateness and Efforts to Achieve Permanency Goal (Items 5 and 6): When analyzing the CFSR items 5 and 6 results and additional data collected to further explore the causes of poor results, the following problems were identified:

- Statewide, permanency goals are not reviewed at every court hearing.
- A meaningful conversation about the reasons for the concurrent permanency goal does not happen at every court hearing.

The Court Improvement Project (CIP) was tasked with identifying strategies to improve Utah’s permanency outcomes. Following an extensive problem exploration process, the following PIP strategy was developed:

*PIP Strategy: Develop and Implement Quality Hearing Bench Card (for judges) and Guide for Utah’s juvenile courts (for all parties attending court hearings and their attorneys) (Adaptive Strategy).*

In 2020, a CIP workgroup created a bench card and accompanying guide and trained judges, legal partners, and DCFS staff in two pilot sites. Evaluation of the bench card implementation took place through surveys, focus groups, and reviews of court hearing pre- and post-implementation. A subsequent statewide rollout of the Quality Hearing Bench Card was implemented in the summer of 2021. The bench card has been used statewide since September 2021. The CIP engaged the University of Utah College of Social Work Social Research Institute (SRI) to conduct qualitative court hearing reviews to assess the use of the bench card and potential benefits. Evaluation work is ongoing.

Utah met the PIP goal for item 5, which was set at 67%, in the third reporting period and has continued to improve, reaching 85% last year. The goal for item 6 was set at 60%, which Utah met in the 4<sup>th</sup> reporting period. Utah continues to improve, reaching 77% last year.

### **Permanency Data from 12, 12-23, and 24+ Months**

Utah continues to meet the three national measures for permanency, as seen in the table below, which displays the February 2023 Data Profile. The timeliness of achieving permanency for children within 12 months, 12-23 months, and 24+ months is above the standard in all three measures. The first measure, achievement of permanency in 12 months, reached 44.9% (NP is 35.2). Utah is at 66% on the second measure, achieving permanency in 12-23 months, far above the national performance standard of 43.8%. Utah's performance on the third measure, permanency for child 24+ months in care, has declined and was 38.2% most recently, slightly above the National Standard of 37.3%.

February 2022 Permanency Data Profile											
National Performance			18A18B	18B19A	19A19B	19B20A	20A20B	20B21A	21A21B	21B22A	22A22B
Permanency in 12 Months (Entries)	35.2%	RSP	48.1%	48.8%	44.1%	42.2%	44.0%	44.9%			
Permanency in 12 Months (12-23 Months)	43.8%	RSP				67.4%	64.9%	61.3%	65.3%	65.8%	66.1%
Permanency in 12 Months (24+ Months)	37.3%	RSP				41.2%	40.8%	42.9%	45.3%	40.9.8%	38.2%

## Adoption Data

Utah continues to excel in time to adoption. In FFY 2022, the average time to adoption was 21 months by foster care kin, and 22 months by foster care non-kin. There were 529 adoptions from foster care, 283 (53%) involving adoptions to kin and 246 (47%) involving adoptions to non-kin. Additionally, there were 27 relative adoptions by kin through in-home cases, bringing the total number of adoptions to 556.

Number of Children Adopted from Foster Care and PSS Kinship Placements				
FFY	Children in the Custody of a Kinship Caregiver Receiving PSS	Children in the Custody of DCFS Receiving Foster Care Services		Total Adoptions
	Adoption by Non-Foster Care Kin	Adoption by Foster Care Kin	Adoption by Foster Care Non-Kin	
2018	53	362	414	828
2019	45	293	318	656
2020	27	206	283	516
2021	39	255	276	570
2022	27	283	246	556

Case Duration from Foster Care to Adoption			
FFY	Children in the Custody of a Kinship Caregiver Receiving PSS	Children in the Custody of DCFS Receiving Foster Care Services	
	Average Months to Adoption by Non-Foster Care Kin	Average Months to Adoption by Foster Care Kin	Average Months to Adoption by Foster Care Non-Kin
2018	17.2	17.1	20.5
2019	17.2	18.1	21.1
2020	15.5	18.8	25.1
2021	14.9	21.1	23.8
2022	16	20.8	22.4

DCFS will continue efforts to achieve permanency and reduce the time children are in out-of-home care. Some of these efforts include the following:

- Wendy's Wonderful Kids (WWK): The Dave Thomas Foundation for Adoption (DTFA) developed this evidenced-based program to recruit permanent families for children in foster care who need additional efforts to find a permanent family. Funding for WWK recruiters is shared by DTFA, Raise the Future, and DCFS. In 2005, Utah received its first WWK site in the Salt Lake Valley Region. This was the only site in the state until 2014 when WWK also placed sites in Eastern, Northern, and Southwest Regions. In 2018, Western Region received a WWK

site, making the program available in all five Utah DCFS regions. WWK recruiters work closely with DCFS staff throughout the state to provide intensive, child-specific recruitment for children who linger in foster care. The below table lists the number of children WWK served during SFY 2018-2022 and since inception.

Wendy's Wonderful Kids						
SFY	2018	2019	2020	2021	2022	Since Inception <sup>2</sup>
Children Served <sup>1</sup>	88	190	196	209	287	462
Children Matched	47	53	31	58	49	492 <sup>3</sup>
Children Adopted	11	15	24	31	18	165 <sup>4</sup>

*NOTES: <sup>1</sup>Each SFY's Children Served number includes all children served during that year. Some children are served in more than one SFY and appear in each year's count. <sup>2</sup>The Children Served Since Inception number represents the total number of children served since WWK's Utah inception in 2005 and are not duplicated. <sup>3</sup>The Children Matched Since Inception number includes the total number of matches across all children, which can include more than one match process per child. <sup>4</sup>The Children Adopted Since Inception number includes all children adopted since WWK's Utah inception in 2005.*

- Trust Based Relational Interventions (TBRI): This eight-hour parent training is required for all persons who want to adopt a child from foster care. The training is required prior to adoption, and attendance is recommended when the child is first placed in a home. The intent of the training is to better prepare families to parent children who have experienced trauma and/or fetal drug or alcohol exposure. TBRI certified practitioners teach the classes. Experienced DCFS staff provide support to potential adoptive families and are a resource for adoptive families after the adoption is finalized. Parent-to-parent support between families attending the training is fostered. In addition, there can be in-home services via TBRI home based model. If a family is unable to attend TBRI training in person, Pathways to Adoption training is available by video.
- Case Reviews: DCFS regional committees regularly review cases of children who have been in out-of-home care for a specified number of months to explore ways to speed up the achievement of permanency and address barriers that may prevent finding permanent homes for children who are legally free. Additionally, the courts conduct reviews every three to six months.

For additional information, please see Attachment B. Foster and Adoptive Parent Diligent Recruitment Plan and APSR Section VI. I. John H. Chafee Foster Care Program for Successful Transition to Adulthood.

**Permanency Outcome 2: Continuity of Family Relationships and Connections is Preserved for Children**

CFSR Results <sup>1</sup>		2018 Onsite Review	2019	2020	2021	2022	N
Item 7	Placement with Siblings	100%	94%	92%	89%	97%	31
Item 8	Visiting with Parents and Siblings in Foster Care	80%	69%	76%	76%	72%	36
Item 9	Preserving Connections	82%	81%	78%	51%	71%	48
Item 10	Relative Placement	72%	68%	78%	90%	78%	45
Item 11	Relationship of Child in Care with Parents	76%	66%	43%	48%	61%	33

*NOTE: <sup>1</sup> Utah is using calendar year data, as used for the PIP measurement, not the usual fiscal year. These items do not have PIP goals.*

**Current and Planned Activities**

During the onsite CFSR review, Permanency Outcome 2 was substantially achieved in 80% of reviewed cases. These indicators have continued to perform well, but some have experienced declines. Utah closely monitors and analyzes the outcomes for these indicators. In studying the reasons for low scores on this outcome, it appeared that unusual or complex circumstances were the cause in most of the cases that did not receive a strength rating and the worker did not seem to go beyond doing basic casework. Utah asserts that the right policies and practice model guidelines are in place. However, the guidance and confidence for creative solutions may be lacking with some caseworkers. To better mentor, coach, and support caseworkers, Utah recognized that supervisors need to be given the tools to attend to critical practices and be trained on using them. Measures were implemented and all PIP strategies have been successfully implemented.

Placement with Siblings (Item 7): Practice guidelines require caseworkers to place siblings together unless there is a safety concern. While keeping siblings together is a top priority, due to large sibling groups common in Utah, attaining this priority can be challenging. In recent years, new legislation was enacted to support placing sibling groups together in foster care. Provisions include:

1. Allowing foster care licensing variances to accommodate large sibling groups, even if there is already an unrelated child in the home.
2. The placement of biological siblings together when one or more of the siblings have been adopted by the family being considered for placement. This family is considered a kinship home and a preliminary placement can be made.

The CFSR onsite results on placement with siblings and the performance since (97% in 2022) indicates that the Division's efforts are working, and no additional strategies are necessary. DCFS will continue to monitor placements with siblings.

The following table presents the percentage of children in foster care who are placed with one or more siblings, if they have siblings in care.

<b>Number and Percent of Children in Foster Care with a Sibling in Foster Care who were Placed with One or More Sibling on the last day of the Federal Fiscal Year</b>			
FFY	Number of Children with Siblings(s) in Foster Care	Number of Children Placed with Sibling(s)	Percent of Children Placed with Sibling(s)
2018	1,532	1,233	80.5%
2019	1,502	1,244	82.8%
2020	1,458	1,191	81.7%
2021	1,287	1,035	80.4%
2022	1,272	1,041	81.8%

Visiting with Parents and Siblings in Foster Care (Item 8): DCFS Practice Guidelines state that unless contact is documented to be clinically contraindicated, purposeful, and frequent visitation with parents and siblings is a child's right, not a privilege. Visitation with parents and siblings is not something to be earned or denied based on the behavior of the child or parent. The Division has different measures in place to monitor the processes associated with visitation through the performance of the Visitation Plan (in the Case Process Review) and the CFSR. DCFS can track performance on the frequency and quality of visits and more directly target the areas needing improvement. The performance on item 8, Visiting with Parents and Siblings in Foster Care, was 72% in 2022. The creation of a visitation module in the UFACET now allows DCFS to track the quality of parent-child interactions more closely during visits, the parents' demonstration of parenting skills, and their attendance at visits.

The CPR measures whether the opportunity for visits between the child and their mother, father, and siblings was provided through the evidence of a visitation plan.

<b>CPR Performance for Visitation with Mother, Father, and Sibling</b>								
Type and Tool #	Standard	SFY 2016	SFY 2017	SFY 2018	SFY 2019	SFY 2020	SFY 2021	SFY 2022
IV.5. Was the child provided the opportunity to visit with his/her mother, father, sibling, weekly, OR is there an alternative visitation plan?								
Mother	85%	98%	93%	84%	95%	92%	90%	85%
Father		92%	69%	80%	83%	84%	76%	72%
Siblings		72%	88%	87%	91%	87%	87%	66%

Preserving Connections (Item 9): Utah has several policies and provisions in place to help preserve connections for children placed in foster care, when possible and desirable, including connections to extended family, community, school, medical provider, religious organization, tribe, and friends. One role of the Child and Family Team is to discuss the child's connections and determine how to best support those connections. The performance on CFSR item 9 improved last year (to 71%).

Utah is seeking to establish Intergovernmental Agreements with all the federally recognized tribes with reservations in Utah. DCFS supports the connection of children in foster care to their tribe through ongoing and active efforts to support and train Division staff, instruct Attorney General's office staff on notification requirements, and establish strong relationships with all Utah tribes. For additional information, please see: APSR Section VII. Consultation and Coordination between States and Tribes.

Relative Placement (Item 10): Utah's performance on CFSR item 10, Relative Placement, was 78% last year, down from the previous year's high of 90%, but same as or above previous years.

Identifying and locating kin families with whom children may be placed is a high priority in Utah. DCFS has several provisions that support children who cannot remain in their home of origin being placed with kin or with family friends that the child knows and with whom the child is comfortable. A search for relatives is required within 30 days of the date a child enters custody and periodically throughout the life of the case. At the state level there is a Kinship Program Administrator over the kinship process. Each of Utah's five regions have positions dedicated to assisting with the kinship process. This includes locating kin specific to the child, providing formal and informal support to kinship caregivers, kinship licensing, and kin adoptive home studies. DCFS has trained and licensed 25 employees who are using multiple platforms and an internet-based search engine to locate relatives. Once the kin are located and notified caseworkers assess the relative's interest in caring for the child while in foster care.

A statewide initiative to help increase the use of kinship care in Utah was implemented last year and focused on creating a consistent, unbiased, and efficient background screening process. A centralized team was formed in 2022 to process all the background screening for kinship supports statewide. The newly formed team responds to all requests in a timely manner and disseminates the information back to the caseworker. When a kinship background check needs a committee decision, a standing meeting is held each day to make a determination. This change means that the wait time for a screening committee was reduced in some regions from a month to the next day.

The Centralized BCI support team began performing background screenings of potential kinship placements and supports in May 2022. In the nearly one year since this process began, the team has completed 15,960 requests for screenings, which is a 269% increase over initial estimations.

Screenings that require additional review are sent to the Statewide Background Screening Committee, which holds a daily stand-up review. The new process has resulted in a decrease amount of time required to complete committee screening and receive a determination for approval of kin to provide placement or support services for children in care. Of the 230 reviews completed, 91 applicants were approved within days of submitting their background requests.

For more information on DCFS efforts to strengthen kinship location, notification, involvement, and placement, please see APSR section Service Descriptions, subsections Kinship Care, Kinship Navigator Funding, and Grandfamilies Program discussion.

The following graph displays the improved performance of DCFS efforts to place children with a kinship caregiver during FFYs 2018-2022.

<b>Children in Foster Care with at Least One Kinship Caregiver Placement at any Time During the FFY</b>			
FFY	TOTAL Children Served in Foster Care	Number of Children Placed with a Kinship Caregiver	Percent of Children Placed with a Kinship Caregiver
2018	4,720	2,076	44.0%
2019	4,542	1,999	44.0%
2020	4,074	1,831	44.9%
2021	3,878	1,820	46.9%
2022	3589	1743	48.6%

Relationship of Child in Care with Parents (Item 11): Utah’s DCFS Practice Guidelines instruct staff to notify parents of medical appointments, school meetings, and other activities in the child’s life and to encourage parents to attend activities in which the child participates. In addition, DCFS is expected to assist parents with transportation to support their attendance at these events. Planning related to these events often takes place during Child and Family Team Meetings. These efforts are monitored in the CFSR. The current result of 61% for CFSR Item 11 is a significant improvement from the year before. Pandemic restrictions significantly impacted this item, as often only one caregiver (usually the foster parent) was allowed to attend medical visits and there were no school activities occurring. This situation has been resolved now and all parents are encouraged to attend events. Nevertheless, more attention needs to be paid to better involve parents in the lives of their children in care.

## Wellbeing Outcomes

### **Wellbeing Outcome 1: Families Have Enhanced Capacity to Provide for their Children's Needs**

CFSR Results <sup>1</sup>		2018 Onsite Review	2019	2020	2021	2022	N
Item 12	Needs and Services of Children, Parents, and Foster Parents	46%	27%	35%	40%	46%	80
Item 12 A	<i>Needs assessment and services to children</i>	82%	87%	72%	78%	83%	81
Item 12 B	<i>Needs assessment and services to parents</i>	56%	38%	44%	48%	55%	74
Item 12 C	<i>Needs assessment and services to foster parents</i>	62%	59%	80%	73%	75%	48
Item 13	Child and Family Involvement in Case Planning	81%	61%	62%	67%	74%	77
Item 14	Caseworker Visits with Child	80%	78%	63%	68%	84%	81
Item 15	Caseworker Visits with Parents	66%	46%	47%	64%	53%	74

#### **Current and Planned Activities**

During the PIP problems exploration process, Utah reviewed the potential causes for insufficient parent engagement, assessment of parent needs, and provision of services. Utah identified the main barrier as a lack of time frontline staff spent with parents assessing their needs and monitoring services provided to them. Staff identified a need for more clinical and non-clinical support to better understand families' needs and address the barriers to effective service provision. Requirements for parent engagement and involvement were already included within DCFS policies and practice through individual visits and the family teaming process. Caseworkers receive training on this topic at the beginning of their employment with DCFS. Staff understand the importance of engagement and assessing families; however, the lack of capacity for staff to perform this practice well has been identified as a problem. DCFS recognized that finding solutions to create capacity, improve productivity, and add supports for caseworkers to better engage parents as to what is needed to overcome the barrier.

Utah addressed the assessment and provision of services, Item 12, as well as other Wellbeing 1 items, in PIP Goal 1 with the following PIP strategies:

PIP Strategies:

- *Standardize daily operations and improve workflow throughout the system, with a focus on critical decisions and activities.*
- *Implement changes to streamline the system, improving the experience of families engaged in services and increasing responsiveness to families through ease of access to the right services at the right time.*
- *Implement system changes to improve efficiencies and support for families and caseworkers.*

All PIP strategies were implemented successfully, and the Children’s Bureau approved the completion of the plan. All CPS and permanency teams throughout the state hold operations meetings each morning to plan for that day’s work tasks, with critical tasks being tracked and recorded. CQI activities monitor the effectiveness of this strategy and perceived impact on frontline staff. All wellbeing items 12 through 15 met their PIP goals.

Needs and Services of Child, Parents, and Foster Parents (Item 12): In conjunction with the HomeWorks Title IV-E child welfare demonstration project, the Utah Family and Children Engagement Tool (UFACET), a modified Child and Adolescent Needs (CANS) assessment, was developed and implemented to assess the strengths and needs of all families with an open in-home case. The UFACET was subsequently modified for use in assessing the strengths and needs of children, families, and caregivers involved in foster care cases. It was also modified to include updated sections on visitation between parents and children and on children’s progress in residential treatment and placement levels. The UFACET is an assessment that is pertinent to both in-home and foster care cases and is required to be completed with the family at the beginning of a case and during the entire service episode for a family involved with the child welfare system.

While Utah met the PIP goal on item 12, it remains the lowest performing CFSR item. In 2022 the performance on item 12 was 46%. As can be seen in the sub-items A, B, and C, at 55%, the problem is primarily the needs assessment and provision of services of parents (item 12.B). Assessing the needs of children and providing them with necessary services scored 83%, and for foster parents it was 75%. The analysis of CFSR results show that caseworkers usually do a good job of assessing the needs of the primary custodial parent, but sometimes a marginally involved non-custodial parent is left out, often the father. In other cases, the concerted efforts to locate a parent whose whereabouts are unknown are not seen throughout the period under review, although these efforts are more evident than in the past.

Child and Family Involvement in Case Planning (Item 13): Utah’s performance on item 13 met the goal of 66% in 2021 and has continued to improve, reaching 74% in 2022. Child and family involvement is also measured in the CPR. Below are the results for in-home services and foster care cases for SFYs 2018-2022.

CPR Performance on Plan Involvement of the Family—In-Home Services							
Question: IH.3 Were the following team members involved in the development of the current child and family plan?							
Sample	Standard	Team Member	SFY 2018	SFY 2019	SFY 2020	SFY 2021	SFY 2022
94	85%	Mother	92%	92%	90%	92%	95%
83		Father	79%	78%	76%	80%	76%
19		Other Caregiver <sup>1</sup>	81%	87%	88%	90%	89%
69		Child/Youth <sup>2</sup>	75%	71%	70%	65%	88%
265		Combined	83%	82%	81%	82%	87%
NOTES: <sup>1</sup> Other Caregiver: guardian, stepparents, and kin. <sup>2</sup> Child/Youth: generally, ages 5 and over							

CPR Performance on Plan Involvement of the Family—In-Foster Care Cases							
Question: IV.3 Were the following team members involved in the development of the current Child and Family Plan?							
Sample	Standard	Team Member	SFY 2018	SFY 2019	SFY 2020	SFY 2021	SFY 2022
89	85%	Mother	87%	86%	85%	80%	82%
80		Father	79%	70%	74%	69%	59%
114		Other Caregiver <sup>1</sup>	95%	93%	89%	94%	90%
68		Child/Youth <sup>2</sup>	96%	85%	85%	83%	78%
351		Combined	90%	86%	84%	83%	79%
NOTES: <sup>1</sup> Other Caregiver: guardian, stepparents, and kin. <sup>2</sup> Child/Youth: generally, ages 5 and over							

Over the last five years, the overall CPR performance on plan involvement has been between 81% and 87% for in-home cases and between 79% and 90% for foster care cases. DCFS attributes these results to strong family teaming practices. The breakdown by individuals shows that involving fathers has been historically the biggest challenge. This year's foster care results for fathers show a significant decline (59%). Noteworthy is the improvement seen in involving children in in-home cases, which has been a struggle for many years. It reached 88% in 2022. DCFS continues to monitor trends and address low scores. Involving fathers in planning and decision making requires renewed efforts.

Caseworker Visits with Child (Item 14): Since Utah met the PIP goal of 66% in 2021, the state has continually improved and reached 84% in 2022. Emphasis has been put on conducting private conversations with all children during home visits, which contributed to this significant improvement. Strategies to strengthen the quality of home visits were implemented, including creating a home visit guide that reminds staff of key questions to ask during home visits. The evidence of monthly home visits with children in foster care and in-home cases has been measured in the CPR for over 20 years. During SFYs 2018-2022, the score for monthly caseworker visits with children in in-home cases has ranged from 87% to 92%. For foster care cases, the score has ranged

from 85% to 93%. SFY 2022 results continue to meet the state’s 85% standard in both in-home cases and foster care cases, though the foster care performance slipped somewhat last year.

<b>CPR Performance on Monthly Caseworker Contact with the Child—In-Home Services</b>						
Question: Did the worker have a face-to-face contact with the child at least once during each month of this review period?						
Six Month Performance Rate						
Type and Tool #	Standard	SFY 2018	SFY 2019	SFY 2020	SFY 2021	<b>SFY 2022</b>
IH.4	85%	92%	92%	88%	87%	88%

<b>CPR Performance on Monthly Caseworker Contact with the Child—Foster Care Services</b>						
Question: Did the worker have a face-to-face contact with the child/youth inside the out-of-home placement at least once?						
Six Month Performance Rate						
Type and Tool #	Standard	SFY 2018	SFY 2019	SFY 2020	SFY 2021	SFY 2022
IB.2	85%	90%	93%	91%	92%	87%

DCFS performance on frequency of face-to-face contact with the child is a high priority. Prompts in SAFE remind caseworkers of this requirement. If a visit is missed, the caseworker’s supervisor receives a notice. During the pandemic, accommodations to do virtual visits were made to keep families and staff safe. Those instances are now rare. While the CPR results continue to meet the Utah CPR standard of 85%, Utah will continue to emphasize the importance of caseworkers seeing each child at least monthly and conducting quality private conversations with that child.

Caseworker Visits with Parents (Item 15): Item 15 met the PIP goal of 51% in the 2<sup>nd</sup> measuring period. It continued to improve for a while, but it regressed slightly last year back to 53%. As with item 12.B, the issue seems to be around having regular in-person contact with non-custodial parents, often fathers. Efforts to engage an evasive or reluctant parent are seen in many cases, often at the beginning of the case, though these efforts are not always evident throughout the period under review.

The CPR measures evidence of monthly face-to-face caseworker visits with mothers and fathers in in-home and foster care cases (by phone or correspondence when a parent lives out of the county) during a six-month period. The measure is based on documentation in SAFE and does not measure the quality of the contact. The tables below display in-home services and foster care services SFYs 2018-2022 data.

**CPR Performance on Monthly Caseworker Contact with the Mother/Father—In-Home Services**

Question: Did the worker make a face-to-face contact with the mother/father of the child at least once during each month?

Performance Rate for six months

Type and Tool #	Standard	Relationship to Child	SFY 2018	SFY 2019	SFY 2020	SFY 2021	SFY 2022
IH.8	85%	Mother	97%	93%	93%	86%	85%
IH.9		Father	84%	81%	80%	68%	64%

**CPR Performance on Monthly Caseworker Contact with the Mother/Father—Foster Care Services**

Question: Did the worker make a face-to-face contact with the mother/father of the child at least once during each month?

Performance Rate for six months

Type and Tool #	Standard	Relationship to Child	SFY 2018	SFY 2019	SFY 2020	SFY 2021	SFY 2022
IB.4	85%	Mother	75%	81%	79%	61%	65%
IB.5		Father	66%	64%	62%	50%	48%

While the performance for monthly caseworker contacts with mothers and fathers has improved over the years, it took a significant dip the last two years, possibly due to pandemic-related limitations to having face-to-face contacts with parents, although this shouldn't have affected the performance last year. It may be more related to the significant turnover and inability to fill all empty case carrying positions experienced since the pandemic. In foster care cases, the performance is at 65% for mothers and dropped to 48% for fathers last year. While the CPR adjusted and allowed virtual contacts when justified, these were either not happening or not clearly documented. In addition, the performance continues to be higher for mothers than for fathers.

**Wellbeing Outcome 2: Children receive appropriate services to meet their educational needs.**

CFSR Results <sup>1</sup>		2018 Onsite Review Results	2019 Results	2020 Results	2021 Results	2022 Results	N
Item 16	Educational Needs of the Child	82%	82%	61%	68%	84%	43

*NOTE: <sup>1</sup> Utah is using calendar year data for the CFSR, as used for the PIP measurement, not the usual fiscal year. There was no PIP goal for this item.*

## **Current and Planned Activities**

Educational Needs of the Child (Item 16): Item 16 evaluates whether the agency made concerted efforts to assess children’s educational needs and whether identified needs were appropriately addressed in case planning and management activities. In the onsite review, this item was an area needing improvement, with 82% of the cases being rated as a strength. Utah continues to emphasize the importance of children’s education and making sure that this is addressed in every team meeting and court report. The most recent result shows improvement with 84% of the cases receiving a “Strength” score.

Several system improvements have been implemented over the last few years to strengthen the educational outcomes of children in foster care. These include statewide mandatory online education training courses for frontline staff, designations of regional education specialists to create relationships with the school districts in their region, an MOU that allows DCFS and the Utah State Office of Education to collect and share relevant student information, and the requirement of a *Juvenile Court Education Court Report* to be submitted at every court hearing to inform judges about the child’s educational status. The education court report was revised as a part of a CIP initiative and was deployed in 2020, with a training and renewed emphasis on the importance of keeping educational information updated in the case file.

In collaboration with the DHHS Education Liaison, a training was developed for foster parents and caregivers addressing educational needs faced by children in foster care. The training material underwent final revisions and was implemented in SFY 2021. It was initially completed in PowerPoint, and there was difficulty finding a platform that would allow non-state employees to take the quizzes and log results. The CIP has been approached to explore the possibility of using COVID-related grant funds to hire a professional to make the changes required to the make the curriculum available and measurable.

For additional information, please, see APSR Section VI. John H. Chafee Foster Care Program for Successful Transition to Adulthood, including the Education and Training Vouchers (ETV) Program section.

**Wellbeing Outcome 3: Children receive adequate services to meet their physical and mental health needs.**

CFSR Results <sup>1</sup>		2018 Onsite Review Results	2019 Results	2020 Results	2021 Results	2022 Results	N
Item 17	Physical Health of Child	73%	50%	71%	78%	89%	54
Item 18	Mental/Behavioral Health of Child	60%	63%	55%	65%	73%	52

*NOTE: Utah is using calendar year data for the CFSR, as used for the PIP measurement, not the usual fiscal year. There was no PIP goal for this item.*

**Current and Planned Activities:**

DCFS has a contract with the Department of Health and Human Services to provide co-located nurses in every DCFS office through the Fostering Healthy Children program (FHC). Some smaller offices in the same region share an FHC nurse. An FHC nurse is assigned to every foster child. The nurses work with healthcare providers to ensure that all foster children’s health needs are met. In addition, the nurses contact each foster parent regularly to review the child’s treatments, including prescribed medication. FHC nurses assess the child’s health status using a tool that determines the frequency of contact. This arrangement has contributed to high performance on health questions in past CFSR and CPR reviews.

Physical Health of the Child (Item 17): In the 2018 CFSR, the main reason cases scored low on Item 17 was due to the children lacking a 6-month dental exam. Since Utah requires annual dental exams for children in foster care, many children only had one exam in a 12-month period, instead of two. To align with pediatric dental recommendations, DCFS advised FHC nurses that 6-month dental exams are strongly recommended for all children in foster care. The most recent score for Item 17 was the highest result since the 2018 onsite review, at 89%

Mental Health of the Child (Item 18): On Item 18, the analysis showed a concern regarding tracking of recommended mental health treatment and determining if treatment was producing the desired outcomes. The mental health issues have greatly improved. The most recent score for Item 18 was the highest result since the 2018 onsite review, at 73%.

In 2016, the Utah Legislature passed a statute that allowed DCFS to establish a psychotropic medication oversight panel for children in foster care. In January 2017, DCFS officially launched the Utah Psychotropic Oversight Panel (UPOP), in collaboration with DOH and the University of Utah Safe and Healthy Families Program. Since then, thousands of cases have been reviewed. The panel

has implemented a helpline where medical providers treating children in foster care can consult with the UPOP team and receive advice about appropriate medications to prescribe. The helpline is also available for foster parents and DCFS staff to consult with UPOP on specific cases. The team provides guidance on appropriate medication to medical providers that are treating children in foster care. The UPOP team has also provided training to DCFS staff, mental health clinicians, community medical providers, and mental health professionals on issues surrounding psychotropic medication use for children in foster care. The training also included a statewide conference for FHC nurses, DCFS caseworkers and community prescribers. There are regular meetings with DCFS and DHHS leadership to discuss progress, system-related issues, and quarterly calls with FHC nurses. UPOP is also engaged in Medicaid and DCFS policy discussions.

UPOP Case Reviews and Consultations				
FFY	TOTAL Reviews	Complex Reviews	Children Under Age 7 Reviews	Consultations
2018 <sup>1</sup>	2,106	360	95	355
2019 <sup>1</sup>	2,085	322	205	266
2020 <sup>2</sup>	2,014	387	187	80
2021	2,229	323	253	237
2022	2,039	246	212	216
TOTALS <sup>3</sup>	10,473	1,638	952	1,154
NOTES: <sup>1</sup> Data for 2018 and 2019 was provided by UPOP. <sup>2</sup> DCFS began recording UPOP data in SAFE in 2020. <sup>3</sup> One case may have multiple reviews and/or consultations within one year.				

For additional information, please see Attachment C. Healthcare Oversight and Coordination Plan.

## Systemic Factors

### Statewide Information System

18 CFSR Results		Summary of Findings	Result
Item 19	Statewide Information System	Utah is operating a statewide information system that readily identifies the status, demographic characteristics, location, and goals for placement of every child in foster care. Stakeholders reported that data is entered timely.	Strength

### Current and Planned Activities

Utah has a well-functioning process in place to ensure that information in SAFE (CCWIS), the DCFS Statewide Information System, is accurate and up to date. Since this item was determined to be a strength, Utah will continue developing and strengthening its current information system.

Stakeholder interviews with staff show a certain degree of frustration with the frequent changes and having to work across multiple systems as SAFE is moving from the legacy system to CCWIS. Data Quality issues and efforts to address them are captured in Utah’s Data Quality Plan and Report.

**Case Review System**

18 CFSR Results		Summary of Findings	Result
Item 20	Written Case Plan	Each child has a written case plan that is developed jointly with the child’s parents and includes the required provisions. The state uses Child and Family Team Meetings as the primary tool to engage parents. Child and Family Team meetings are required before a case plan can be finalized. Stakeholders confirmed that parents are engaged in case planning.	Strength
Item 21	Periodic Reviews	Initial periodic reviews occur timely for most children in foster care. Stakeholders said that subsequent periodic reviews occur for most children in foster care every 3 months and that drug court cases are reviewed even more frequently.	Strength
Item 22	Permanency Hearings	An initial permanency hearing occurs in a qualified court no later than 12 months from the date the child entered foster care for a substantial majority of children in foster care. Permanency hearings occur at least annually if not more often thereafter until the child/youth achieves permanency.	Strength
Item 23	Termination of Parental Rights	Utah has processes in place to ensure that petitions to terminate parental rights (TPR) are filed in accordance with required federal provisions. Stakeholders confirmed that the process is in place and functioning to ensure that a TPR petition is filed at month 15 of 22 unless a compelling reason not to file exists.	Strength
Item 24	Notice of Hearings and Reviews to Caregivers	Utah does not have a specific mechanism in place to ensure that foster parents, pre-adoptive parents, and relative caregivers of children in foster care are notified of and have a right to be heard in any review or hearing held with respect to the child.	Area Needing Improvement

**Current and Planned Activities**

Utah was in substantial conformity with the Systemic Factor of *Case Review System*. Four of the five items in this systemic factor were rated as strengths. Since this Systemic Factor was determined to be in substantial conformity, Utah plans to continue its partnership with the CIP to continuously work at improving the court review process for families involved in the Utah’s child welfare system. In addition, the CIP has chosen to address permanency issues identified in the CFSR through a Quality Hearing initiative with a strategy to *Develop and Implement a Quality Hearing Bench Card (for judges) and Guide for Utah’s juvenile courts (for all parties attending court hearings and their attorneys)*. See Permanency Outcome 1.

Stakeholder interviews during the state fiscal year 2022 confirmed that Utah continues to hold frequent court reviews across the state and that this is working well. The initial phase of the COVID pandemic resulted in delays of court reviews. However, these have resumed relatively quickly at the pre-pandemic frequency. Currently, a mix of in-person and virtual court hearings are held. Overall, stakeholders reported that virtual hearings had several benefits, such as being more convenient, allowing more flexibility and increasing attendance. In rural areas virtual hearings are no longer limited to certain days.

**Juvenile Court Review Data:**

The annual *Child Welfare Statutory Time Requirements Report*, published by the Administrative Office of the Courts, provides valuable data on various court requirements. The table below presents SFYs 2020, 2021, and 2022 juvenile court data on timeliness of hearing completion at every stage of a child welfare case. Utah’s compliance with holding timely hearings continues to be high.

**SFYs 2020, 2021, and 2022 Timeliness of Hearing Completion**

Hearing Type	Statutory Deadline	Incident Count			Compliant			Not Compliant			Percent Compliant			Percent Compliant within 15 Days After Benchmark			Percent Compliant within 30 Days After Benchmark		
		2020	2021	2022	2020	2021	2022	2020	2021	2022	2020	2021	2022	2020	2021	2022	2020	2021	2022
Shelter	3 days	1,248	1,084	1,088	1,245	1,061	1,073	3	23	15	99.8%	98%	99%	99.8%	98%	100%	100%	100%	100%
Child Welfare Proceeding Pretrial	15 days	1,455	1,176	1,157	1,410	1,129	1,133	45	47	44	97%	96%	96%	97%	96%	100%	100%	100%	100%
Child Welfare Proceeding Adjudication	60 days	1,399	1,060	1,072	1,340	946	965	58	114	107	96%	89%	90%	96%	89%	93%	99%	96%	95%
Child Welfare Proceedings Disposition	30 days	1,408	1,088	1,057	1,351	1,007	1,003	57	81	54	96%	93%	95%	96%	93%	98%	99%	100%	99%
No Reunification to Permanency Hearing	30 days	245	298	228	239	279	221	6	19	7	98%	94%	97%	98%	94%	98%	98%	97%	98%
Permanency Hearing	12 mos.	1,068	1,085	855	966	955	824	102	130	31	90%	88%	96%	90%	88%	98%	96%	93%	99%
Termination Pretrial	45 days	347	473	386	272	302	285	75	171	101	78%	64%	74%	78%	64%	83%	88%	83%	88%
Removal to Decision on Petition to Terminate	18 mos.	134	126	133	114	89	92	20	37	41	85%	71%	70%	85%	71%	75%	89%	75%	77%
PSS Pretrial	15 days	1,331	1,482	1,450	1,304	1,453	1,415	27	29	35	98%	98%	98%	98%	98%	100%	100%	100%	100%
PSS Adjudication	60 days	1,180	1,196	1,179	1,064	1,064	978	116	132	201	90%	89%	83%	95%	95%	90%	98%	96%	93%

## Quality Assurance System

2018 CFSR Results		Summary of Findings	Result
Item 25	Quality Assurance System	Utah's QA system is operating in all jurisdictions. It has standards for quality, identifies strengths and areas needing improvement, provides reports to stakeholders, and evaluates improvement measures.	Strength

### Current and Planned Activities:

Utah has a model Quality Assurance (QA) system that measures outcomes for children and families, as well as the agency's ability to integrate the Utah Practice Model throughout the child welfare system.

The QA process includes several components:

- The Case Process Review (CPR) measures compliance with policy, state statute, and federal law.
- The State Child and Family Services Review Plus (CFSR+), is a combination of the CFSR and some elements from the abandoned Qualitative Case Review (QCR), such as Teaming and Satisfaction Survey. The CFSR+ measures Utah's performance on CFSR outcomes and systemic factors and is conducted statewide on an annual basis. The CFSR was required to measure progress on Utah's CFSR Program Improvement Plan (PIP). Utah continues to conduct CFSR+'s across the state, even though the PIP was met.
- Quality Improvement Committees (QICs) in each region and at the state level are comprised of key stakeholders including legal partners, community members, service providers, foster parents, and foster care alumni. QIC's provide regular, ongoing feedback to region and state office administrators about quality assurance issues that affect the child welfare system. The QICs also make recommendations.
- In addition, Utah has adopted a continuous quality improvement (CQI) model to evaluate the implementation and effectiveness of all new agency projects. As a result, each project includes tracking and data reporting mechanisms to measure progress. Data reports have been created to track fidelity, effectiveness, and outcomes of a project or initiative.

Utah is in substantial conformity with the systemic factor of Quality Assurance System. The CPR allows decision makers and stakeholders to monitor how well key policies are followed and documented in the DCFS electronic file system. Utah recently decided to switch to the CFSR+ as the main case review for SFY 2023 and no longer use the QCR, which had been a driving force over the last 20 years in implementing and reinforcing the DCFS Practice Model. Select elements of the QCR were kept and added to the new CFSR+. A primary reason for this change was the difficulty staff had in focusing on the results of two reviews. This change required a statute change, which occurred

during the 2022 legislative session. The CFSR+ continues Utah's strong review practice and commitment to using qualitative reviews for continuous quality improvement. CFSR+ trained reviewers score a sample of randomly selected cases after reviewing the case file and conducting interviews with family members and case participants. This labor-intensive process has allowed Utah to comply with Utah statute and the CFSR federal requirement. In March 2022, Utah officially met all the requirements and successfully exited the PIP.

In addition to conducting these reviews, DCFS also obtains feedback from community partners and stakeholders through stakeholder interviews conducted during the reviews at the region level. The CFSR Stakeholder interview guide is used to interview community stakeholders, community agencies, and representatives from all levels of DCFS region staff. Findings and conclusions from the stakeholder interviews look for trends or themes at the local or state level that can then be used to help shape current initiatives or future project planning. They are also used to monitor the performance of the seven Systemic Factors. The stakeholder interviews will continue as part of the CFSR+.

Stakeholder interviews indicate that staff are kept mostly informed of review outcomes, though administrators seem more informed than case-carrying staff. While some report that they receive performance data, sometimes there is a disconnect between initiatives and the knowledge of it among frontline staff. In addition, there seems to be a proliferation of internal QA tools used by supervisors to review casework. The morning scrum meetings (MAP/data board meetings) process, however, has been perceived as a helpful way for supervisors to stay connected to their team during the pandemic and since then. For more information, please see APSR Section I. Quality Assurance System.

**Staff and Provider Training**

2018 CFSR Results		Summary of Findings	Result
Item 26	Initial Staff Training	Utah's training system functions statewide to ensure that initial training is provided to all staff who deliver services pursuant to the Child and Family Services Plan. All direct service staff must complete 120 hours Practice Model Training plus an additional field experience packet. Cases are gradually assigned to workers after completion of initial training and mentoring. Completion of training is monitored, and effectiveness of training is evaluated.	Strength
Item 27	Ongoing Staff Training	Utah does not have a way to track completion of the 40 hours of required ongoing training on a statewide basis other than supervisors monitoring workers' completion of training. All regions have access to the same array of training and the training provided meets specific needs. Although ongoing training for staff is sufficient, only administrative training for supervisors currently exists. The state is in the process of developing practice-oriented training for supervisors.	ANI
Item 28	Foster and Adoptive Parent Training	There are initial and ongoing training requirements for prospective foster parents, adoptive parents, and staff of state-licensed facilities. Numerous training courses are available to foster and adoptive parents that address the skills and knowledge base needed to carry out their duties. The state's DCFS Audit Team monitors compliance with training requirements for foster parents certified by child-placing agencies and staff of licensed facilities.	Strength

**Current and Planned Activities:**

All new employees complete Practice Model Training. Practice Model Training is offered several times a year at the state office to meet the demands of a rapidly changing workforce. During FY22 DCFS implemented Training Competencies to sections of Practice Model. The Training Competency are behavioral statements of awareness, knowledge, or skills that will be achieved by the conclusion of training. These were developed in conjunction with the University of Utah College of Social Work SRI. Competencies have been developed for the following sections of Practice Model: Purposeful Contacts, Child Interviewing, Structured Decision Making (SDM) Safety and Risk Assessment, Utah Family and Children Engagement Tool (UFACET), Teaming, Child and Family Planning and Adult Engagement. At the conclusion of each of these training sections new employees complete a survey that asked about their knowledge of each training competency. Additional surveys are conducted at various intervals post-training to determine the effectiveness of the training. In addition, training courses on a wide range of child welfare topics are provided to enable staff to develop and maintain the skills and knowledge needed to carry out their duties. Below is a list that highlights training activities:

- The overarching issue affecting all training is the high turnover experienced by DCFS in all positions statewide, but, in particular, case-carrying positions. While the salary increases approved by the legislature in 2022 has been appreciated, DCFS continues to have a high number of empty positions that the agency struggles to fill.
- Since 2017, a mandatory two-day New Supervisor Onboarding training is conducted, usually quarterly, and continues to be required for all new supervisors. Training includes topics such as BCI/E-warrant, Human Resources, Ethics, Finance, Risk Management, Coaching, and Transition from Peer to Supervisor.
- In 2019, DCFS implemented Leadership Academy, which was conducted with all region administrators statewide (not including supervisors). The training consisted of four two-day modules. The original curriculum came from the Indiana University School of Social Work and was based on training material from the National Child Welfare Workforce Institute (NCWWI). It was revised internally by Utah's training team to meet the needs of Utah's child welfare leadership and workforce. The feedback was predominantly positive. Conducting the Leadership Academy with all supervisory staff was included in the PIP as one of the strategies to address the needs identified in the CFSR for supervisors to become more practice oriented. The primary purpose of the Leadership Academy is to reinforce the supervisory skills needed to ensure that the delivery of child welfare practice produces the desired outcomes of safety, permanency, and wellbeing for children and families consistently and across all cases.

In response to the demands of the pandemic, DCFS put the Leadership Academy on hold until it has been deemed safe for staff to participate in in-person training. As the pandemic continued through the PIP implementation period, DCFS decided to provide a live online training for supervisors to strengthen their supervisory skills. Among other things, the training focused on supervisors' ability to support staff in doing accurate safety assessments with use of the safety staffing guide. While the training was not a replacement for Leadership Academy, it focused on addressing issues identified in the CFSR that were of concern.

In response to ongoing and increasing challenges with DCFS staff turnover and the continued need for supervisor training, DCFS determined that Leadership Academy, as it was originally structured (4 modules of full day trainings), was not attainable or sustainable for supervisors to attend.

DCFS decided to restructure and redesign supervisor training. Additionally, DHHS selected the name Leadership Academy for its leadership series that is under development; necessitating DCFS select a new name for its training. DCFS Leadership Empowerment and Development (LEAD) training is scheduled to launch June 2023. This training has ten modules, with one module being taught each month for 10 months of the year. These

trainings will be 2-4 hours in length and will be followed with field coaching for all supervisors, provided by their regional training manager.

- As a result of the COVID-19 pandemic, the New Employee Practice Model training became fully remote with employees participating live video conference training. In late 2021, DCFS considered what training could continue to be held through this format and has modified Practice Model Training to consist of one-week live video conference training, one week in-person training, followed by an additional week of live video conference training.
- Since 2018, DCFS has used a Simulation Training core course that offers new caseworkers the opportunity to practice their skills and utilize new tools in an environment that is supportive of their growth and development. DCFS continues to add more simulation opportunities to Practice Model to increase new employees' knowledge and confidence to use the skills they are learning.
- In March 2020, DCFS made two major investments in professional development: Learning Management System (LMS) and Articulate 360, content-development software. These investments were used to transition to online and desktop learning, which supported telework and training during the pandemic. The LMS allows DCFS to assign training to individuals based on their titles within the agency; this also allows the agency to improve the tracking of required training hours.
- The 2022-2023 DCFS Training Plan focuses on practice model training for new employees, new leader on-boarding, SSW II criteria-related training courses including advanced engagement, advanced substance use disorder, TBRI overview, Bridges out of Poverty, secondary traumatic stress, leadership academy, first impression family action meetings, assessing safety through the revalidated SDM safety and risk assessment, and participating in the CIP webinars.

Focus group interviews with case-carrying caseworkers are conducted as part of each CFSR+ review, as well as separate group interviews with supervisors and administrators. Feedback on new employee training includes staff reporting that the agency does a good job of preparing new staff and that the quality of the training is good. Most DCFS offices have a system in place to mentor and coach staff. This aspect of training consists of classroom and fieldwork. Caseloads are scaled as staff receive training during their first few months of employment. With the high turnover experienced by DCFS, this scaling of caseloads has been happening too quickly in some places. Caseworkers have also expressed frustration because some local training courses are no longer approved by the State Office

Please see the table below for a listing of SFY 2022 Training Provided.

SFY 2022 Training Provided	
Training	Number in Attendance
Practice Model	205
Policy Updates (3 Mandatory Information Communications)	2,299
Family Action Meeting Training	120
Leader On-boarding	28
Legislative Update Training	919
BCI Training- new internal process	640
SDM Revalidation & SAFE system update	465
SAFE Activity Logs	700
UFACET Recertification	623
DCFS Ethics	489
Domestic Violence Training	27
Bridges out of Poverty	37
TBRI Overview for Caseworkers	133
Secondary Traumatic Stress	75
Trauma Informed Care	91
Advanced Substance Use	157
Advanced Engagement	83
DCFS Suicide Prevention	127
Sentinels for Safety	185
Grief & Loss for Foster/Adoptive Parents	56
CIP Webinar 5- Safety Decision Making (Sep 2021)	350
CIP Webinar 6- CIP & DCFS Hearing Quality (Nov 2021)	445
CIP Webinar 7- Safety Decision Making (Dec 2021)	392

For additional information, please see Attachment E. Training Plan.

DCFS contracts with the Utah Foster Care Foundation (UFC), a private non-profit agency, to recruit, train, and retain foster families. Initial foster parent training is conducted by UFC. Training records are provided to the Office of Licensing, verifying prospective foster parent completion, which is required for foster parent licensing. In-services training is tracked and monitored by the DCFS Training Administrator. UFC has nine locations statewide, each with some variation of recruitment, training, and retention services staff. These staff members network within their local communities, seeking opportunities to partner with various businesses, religious and civic organizations, and local governments, along with providing training and overseeing retention programs.

UFC provides training and presentations, displays information, and participates in local events. Training for prospective foster and adoptive parents utilizes the Institute for Human Services pre-service curriculum and includes a module focused on understanding and honoring the primary families that children in foster care come from, including a focus on racial, cultural, and socioeconomic differences. UFC employs a full-time Native American Specialist to coordinate participation in local community events and network within Utah's Native American community. UFC also employs a full-time Spanish-speaking Recruitment Specialist and a Diversity Specialist to conduct outreach to Hispanic and other diverse communities along the Wasatch Front.

Stakeholder interview feedback regarding UFC-provided training was mostly positive. One past concern expressed was regarding the travel required of foster parents residing in rural areas to attend training courses. When UFC began offering online training courses in response to the pandemic, this concern resolved.

In SFY 2022, as pandemic-related concerns lessened, UFC began offering in-person classes again. However, in some regions of the state, particularly in rural areas, requests to continue providing virtual classes were made. UFC now offers in-person and virtual classes, which has made it possible for UFC to provide monthly classes in all areas of the state and has removed the barrier of traveling long distances to attend classes.

In addition to pre-service training, there are many opportunities to attend in-service training after resource families become licensed. Many foster parents also rely on social media groups, cluster groups, and other foster parents for support.

Providing statewide service, UFC has nine locations, each with some variation of recruitment, training, and retention services staff. UFC staff network within their local communities, seeking opportunities to partner with various businesses, religious, and civic organizations, as well as local governments. UFC staff also provide training and oversee retention programs.

The numbers of new foster parents have declined in 2022, as can be seen in the table below. This is also reflected in the lack of available placements reported by many stakeholders. This seems to be linked to the inflation and the lack of raise in the foster care compensation. The legislature finally approved a raise for the foster parents in 2023, which should help with recruitment.

Please see table below for UFC SFYs 2019-2022 data.

Utah Foster Care				
	SFY 2019	SFY 2020 <sup>1</sup>	SFY 2021 <sup>1</sup>	SFY 2022 <sup>2</sup>
Number of Consultations with Prospective Foster Parents	1,104	1,205	1,194	885
Number of New Foster Families Trained and Graduated	700 (533 Foster/Adoptive; 167 Kinship)	746 (543 Foster/Adoptive; 203 Kinship)	687 (465 Foster/Adoptive; 222 Kinship)	523 (333 Foster/Adoptive; 190 Kinship)
Hours of Training for Current and Prospective Foster Parents	2,841 (1,984 pre-service training hours and 857 in-service training hours)	3,838 (2,060 pre-service training hours and 1,778 in-service training hours)	8,401 (5,766 pre-service training hours – 1,644 live and 4,122 recorded – and 2,615 in-service training hours – 615 live and 2,000 recorded-)	7,779 (4,288 pre-service training hours – 1,661 live and 2,627 recorded – and 3,491 in-service training hours – 677 live and 2,814 recorded-)
Number of Foster Parent Support Meetings, which include cluster group meetings and retention activities	267	242	399	399
<p><i>NOTES: <sup>1</sup> In SFYs 2020 and 2021, in response to the COVID-19 pandemic, UFC switched from in-person to online classes. <sup>2</sup> In SFY 2022, many classes continued to be held virtually. However, near the end of the year, more in-person classes were held. In some regions, particularly in rural areas, requests to continue providing virtual classes were made. UFC now offers in-person and virtual classes, which has made it possible for UFC to offer classes in all areas of a region every month and has removed the barrier of traveling long distances to attend a class.</i></p>				

**Service Array and Resource Development**

2018 CFSR Results		Summary of Findings	Result
Item 29	Array of Services	Although there is an adequate array of services, access to services is limited in some jurisdictions of the state, especially in the rural areas. In these areas, there is a need for more foster homes, mental health services, substance abuse treatment services, domestic violence services, affordable housing, and public transportation. Additional barriers include waitlists, and the distance families must travel to access services. Stakeholders also said adopted children have had to enter care to receive needed services because post-adoptive services are lacking in some areas of the state.	Area Needing Improvement
Item 30	Individualizing Services	Utah’s Practice Model and policies require individualization of services to meet the needs of children and families. Established processes, such as the Child and Family Team meetings, support caseworkers’ efforts to tailor services. However, stakeholders reported that in some jurisdictions of the state, individualization of services is difficult due to barriers in accessing some of the services. Stakeholders also reported a lack of culturally competent services for Native Americans or for families who speak languages other than English.	Area Needing Improvement

Utah was not in substantial conformity with the systemic factor of Service Array and Resource Development in the 2018 onsite review.

**Current and Planned Activities:**

Issues of accessibility and availability of services, particularly in rural areas, were at the forefront of DHHS and DCFS priorities prior to the CFSR. The adoption of a department-wide System of Care program was the department’s response to improve service delivery for families with children with high-level needs who require cross-department services. Because of the System of Care approach, a need to streamline services across divisions and eliminate barriers was identified, which resulted in an Integrated Service Delivery initiative aimed at addressing missing services and strengthening existing services, which ultimately resulted in the creation of a new office at the department level.

The belief that the department needed to better engage families and stakeholders in designing and evaluating services was a key principle underlying the formation of this office. It was tasked with writing and managing contracts, procuring services, developing and managing provider networks, evaluating and refining services, and measuring outcomes. In addition, it is responsible for seeking and organizing stakeholder inputs on service gaps and needs, facilitating the design of new services and the refinement of existing services, and ensuring a broad, flexible array of effective services.

In July 2022, the state Department of Human Services (DHS) and the Department of Health (DOH) merged to form the Department of Health and Human Services (DHHS). This resulted in some restructuring of organizations and the DHS- Office of Quality and Design was changed to DHHS- Division of Continuous Quality Improvement (CQI) which is the organization responsible for conducting independent child welfare reviews and audits of DCFS including many of the performance reviews referenced in this report including Case Process Review (CPR), Child and Family Services Review Plus (CFSR+), and Qualitative Case Review (QCR) which has been merged into the CFSR forming the CFSR+.

#### PIP Strategies:

- Expand the array of evidence-based services or programs for children, youth and families involved with DCFS, including kinship caregivers, as components of Family First Prevention Services Act implementation for prevention services and kinship navigator services.
- Enhance access to clinical and non-clinical wraparound services for children, youth, and families, which may also include kinship caregivers; expand the number of providers contracting to provide these services under the Integrated Clinical Wrap Services contract, if necessary (started in July 2018); and implement strategies to expand availability, especially in rural areas, such as:
  - Incentives for rural areas
  - Enhanced rates for evidence-based interventions are provided in the family's home.
  - Telehealth platform that all providers can use.
  - Explore methods to assess service gaps and needs, including problems with access, on an on-going basis throughout the state. Identify and prioritize regional gaps with local stakeholders. Facilitate development of identified services.

While these strategies have contributed to the development and strengthening of the array of services available for children and families, this is an ongoing process that requires attention and work. The addition of evidence-based services under Utah's Title IV-E Prevention Program Plan is taking place over an extended period, as research demonstrating effectiveness of programs is expanded and necessary training is provided for program implementation. With increasing availability of services, efforts to prevent children from entering foster care will be enhanced.

Providers have been encouraged to apply for contracts under the Integrated Clinical Wrap Services contract. This will help families whose children are at home or with foster parents, in particular kinship caregivers. This effort is expected to continue improving the overall service array. As described above, these items have met their PIP goals.

### Ongoing Initiatives:

Utah continues to develop and support training efforts as well as expand use of Evidence Based Practice (EBPs) services. Please see Measure 2.1.b. for an overview of these efforts.

Stakeholder interviews conducted during the SFY 2022 provided the following insights in stakeholder priorities and concerns:

- Expanding the service array, particularly in the rural areas, will continue to be a priority. With the high staff turnover, knowledge about available services disappears, which presents a challenge. The 211 service is reported to be helpful but not always sufficient.
- Stakeholders across the state report increases in waitlists to access services like mental health and substance abuse treatment. Waitlists are reported even for basic services.
- Access to affordable housing and public transportation continues to be a challenge and has reached crisis level due to a steep increase in rent and housing prices, in particular urban areas.
- Clients with criminal histories struggle finding housing, even with vouchers in hand. This affects reunification timeframes in some cases.
- A shortage of available foster homes as well as residential placements is another frequently reported challenge, resulting in children being placed out of area or in placements not commensurate with their needs.
- For clients in rural areas, accessing residential treatment often requires travel to urban areas. In some rural areas, there is only one Domestic Violence (DV) service provider. Contracts do not allow both parents to attend the same DV treatment provider, which means that one parent needs to travel to access this service.
- The service array in Salt Lake City and the Wasatch Front is generally good. There are more services for specific language groups/refugee populations.
- Utah Youth's Village and its Families First in-home service is a desired service that stakeholders speak highly of, but demand sometimes results in long wait times for access. Some stakeholders report that other services are overlooked due to the reliance on the Families First service.

In May 2022, to address a gap in the provision of mental health services in Utah's rural communities, Intermountain Healthcare announced the expansion of its Stabilization Mobile Response program to five of Utah's rural counties: Wayne, Piute, Severe, Millard and Sanpete. The Stabilization Mobile Response program is designed to provide help in a variety of circumstances. An individual can call 1-833-SAFE FAM for help and a trained professional will answer the call, help the family with de-escalation, and determine services that best fit the family's needs. By May 2023, the service has expanded to all five DCFS regions and includes the 24 of Utah's 29 counties. Please see the table below for a listing of the counties by region.

Utah Stabilization Mobile Response Program County Representation by DCFS Region					
Region:	Northern	Salt Lake Valley	Western	Southwest	Eastern
Counties:	Box Elder	Salt Lake	Juab	Beaver	Carbon
	Cache	Tooele	Millard	Garfield	Daggett
	Davis		Summit	Iron	Duchesne
	Morgan		Utah	Kane	Emery
	Rich		Wasatch	Piute	Grand
	Weber			Sanpete	San Juan
				Sevier	Uintah
				Washington	
				Wayne	

*NOTE: Counties in gray are those that do not yet have the service.*

For additional information on Service Array and Resource Development, please see APSR Section III. Update to the Plan for Enacting the State’s Vision and Progress Made to Improve Outcomes: Objective #2.1.

**Agency Responsiveness to the Community**

2018 CFSR Results		Summary of Findings	Result
Item 31	State Engagement and Consultation with Stakeholders Pursuant to CFSP and APSR	The agency is responsive to the statewide community system and ensures that the state engages the community in implementing the provision of the CFSP and ongoing developments through the APSR. The state has forums in place to engage in ongoing consultation with Tribal representatives, children and families, service providers, foster care providers, juvenile courts, and other public and private child- and family-serving agencies.	Strength
Item 32	Coordination of CFSP Services with Other Federal Programs	The agency coordinates with a variety of other agencies that provide services and benefits of other federal or federally assisted programs serving the same populations including but not limited to Temporary Assistance to Needy Families (TANF), the Department of Health and Human Services and Early Intervention Programs, Head Start Programs, Medicaid, Division of Services for People with Disabilities, Women, Infants and Children (WIC) programs, the State Offices of Education and Housing Services, and the Office of Substance Use and Mental Health.	Strength

Utah was in substantial conformity with the systemic factor of Agency Responsiveness to the Community. Both items in this systemic factor were rated as strengths.

Utah has a well-functioning process in place for collaborating with partners, including all Utah Tribes, and continues to seek partnerships that will benefit Utah children and families. DCFS will continue to use this pathway to identify problems, look for solutions within the communities served, and respond to their concerns and recommendations. This approach has resulted in long-lasting and trusting relationships. DCFS will continue to collaborate with other state and federal programs to achieve better outcomes for the families with whom it works.

Stakeholder interviews show that DCFS continues to be very responsive to community needs and participate in many committees and community collaborations. DCFS has good relationships with local law enforcement agencies, local Children Justice Centers (CJC), and Utah Tribes. DCFS representatives also sit on committees with community partners.

Stakeholder Feedback: DCFS continues to be responsive to the community. Local offices and regional administrations are responsive to emerging issues. There is not a lot of diversity in the agency or in its services. Reports about agency responsiveness to the tribes are good, except in the basin. Tribal representatives report that when working with the various offices, there is a better understanding of ICWA in local offices than there is in urban offices.

For additional information, please see APSR Section VII. Consultation and Coordination between States and Tribes.

**Foster and Adoptive Parent Licensing, Recruitment, and Retention**

2018 CFSR Results		Summary of Findings	Result
Item 33	Standards Applied Equally	In Utah, standards are applied equally to all licensed or approved foster family homes, child-placing agencies, and childcare institutions.	Strength
Item 34	Requirements for Criminal Background Checks	Utah has a process in place to ensure that the state complies with federal requirements for criminal background clearances related to licensing foster care and adoptive placements. The state has a case planning process in place that includes provisions for addressing the safety of foster care and adoptive placements for children.	Strength
Item 35	Diligent Recruitment of Foster and Adoptive Homes	The state contracts with Utah Foster Care to provide diligent recruitment of foster and adoptive families. The recruitment process functions well to ensure that there is a statewide comprehensive process for the diligent recruitment of potential foster and adoptive families who reflect the ethnic and racial diversity of children for whom foster and adoptive homes are needed. Regional recruitment plans are developed based on each region’s needs assessment on an annual basis.	Strength
Item 36	State Use of Cross-Jurisdictional Resources for Permanency Placements	A large percentage of ICPC home studies are not completed on a timely basis. Barriers to timely completion of home studies include delays in receiving ICPC documents from the central office. An additional barrier identified by stakeholders is relatives not following up on requested activities. Utah does effectively use cross-jurisdictional resources, such as the Adoption Exchange, the Heart Gallery, and Wendy’s Wonderful Kids, to identify permanent placements for foster children. Additionally, Utah uses the Round Table process to locate permanent placement options for children.	Area Needing Improvement

Utah was in substantial conformity with the systemic factor of Foster and Adoptive Parent Licensing, Recruitment, and Retention. Three of the four items in this systemic factor were rated as strengths.

**Current and Planned Activities**

DHHS Office of Licensing (OL) works closely with but is independent from DCFS. OL is responsible for ensuring that approved foster family homes or childcare institutions receiving Title IV-E funds comply with state standards, and OL frequently audits each program. All OL criteria and specifications that guide services delivered by community providers conform to federal law and recommended national standards. OL also oversees the criminal background screening and child abuse registry screening process for foster and adoptive parents and works with the Department of

Public Safety to ensure that criminal background checks are completed. Background screenings are recorded in the SAFE data management system, which OL uses to track compliance.

Through a contract with DCFS, UFC is responsible for the diligent recruitment and training of potential foster and adoptive families and works with each region to determine yearly recruitment target numbers. The recruitment process functions to enroll potential foster and adoptive families in all parts of the state, as shown in the CFSR. Numbers of new foster parents recruited and trained last year are reported above, under *Staff and Provider Training* (Item 27). As mentioned above, the numbers of new foster parents for the last fiscal year have significantly dropped. Regional recruitment plans are developed annually, based on each region's needs assessment.

Utah also has a contract with the Adoption Exchange, now known as Raise the Future, and uses many of this agency's resources to locate adoptive families for children. It has an initiative called the Heart Gallery, which annually helps place children who are available for adoption into families located outside of the county or region in which the child is located. In some cases, this has resulted in children being placed with adoptive families outside of Utah. DCFS contracted with the Dave Thomas Foundation to facilitate the operation of the Wendy's Wonderful Kids (WWK) evidence-based program through the Adoption Exchange. Through WWK, professional family recruiters help find homes, match children with potential adoptive and guardianship families, secure placements, and work toward the finalization of adoptions for children who need additionally focused efforts to obtain a permanent family.

In May 2022, DCFS completed the process of centralizing the background screening process, which ensures a speedier completion of background checks and remove potential biases from the screening process. There were some reports of backlogs and bottlenecks in the regional BCI process. This centralization ensures that staff who are entirely dedicated to this task are available to quickly process background screenings around the clock and address barriers. The wait time for a screening committee was reduced in some regions from a month to the next day. This enables kin considered as a placement option to be approved more quickly.

Stakeholder interviews show that there continues to be a shortage of foster homes, resulting in some children having to be placed out of their communities. This is particularly evident when placing special needs children. The recently approved raise in foster care rates by the legislature is expected to alleviate this shortage.

For additional information, please see Attachment B. Foster and Adoptive Parent Diligent Recruitment Plan.

DCFS Interstate Compact on the Placement of Children (ICPC) team is responsible for processing ICPC requests in a timely manner. In addition, there are ICPC Coordinators in the regions that assist caseworkers with the ICPC process. Many factors affect the timeliness of home study completion

and processing, some of which are not in the agency's control, such as delays in processes or in receiving required information from families, other agencies, and other states.

The table below displays SFYs 2018-2022 ICPC timeliness of home studies data.

<b>Timeliness of Incoming ICPC Home Studies</b>										
Completion Time	SFY 2018		SFY 2019		SFY 2020		SFY 2021		SFY 2022	
	Count	%								
60 Days or Less	109	46%	124	52%	109	46%	124	52%	88	43.35%
61 to 75 Days	29	12%	26	11%	29	12%	26	11%	24	11.82%
76 Days or Greater	98	42%	89	37%	98	42%	89	37%	91	44.83%
TOTAL <sup>1</sup>	236	100%	239	100%	236	100%	239	100%	203	100.00%

*NOTE: <sup>1</sup>Total percent may not equal 100%, due to rounding.*

The table below displays FFYs 2019-2022 ICPC placement requests.

<b>Incoming and Outgoing ICPC Placement Requests</b>								
ICPC Type	FFY 2019		FFY 2020		FFY 2021		FFY 2022	
	In	Out	In	Out	In	Out	In	Out
All Adoptions	101	144	109	146	70	71	89	163
Foster Care	162	96	92	40	103	61	118	37
Parent	53	75	64	45	58	71	54	29
Kinship	100	160	119	132	88	138	72	94
Residential Treatment	2,530	17	1,302	12	412	6	344	2
Total Incoming/ Outgoing	2,946	492	1,686	375	731	347	677	325
TOTAL Placement Requests	3,438		2,061		1,078		1022	

### **III. UPDATE TO THE PLAN FOR ENACTING THE STATE'S VISION AND PROGRESS MADE TO IMPROVE OUTCOMES**

Utah's CFSP is part of a broader endeavor to synchronize multiple initiatives that, once fully integrated and coordinated, will more effectively help DCFS realize its overall vision of "safe children through strengthened families." Timing for the 2020-2024 CFSP planning occurred simultaneously with planning for: (1) Utah's CFSR PIP, (2) implementation of the Family First Prevention Services Act (FFPSA), (3) conclusion of the Title IV-E child welfare demonstration project, HomeWorks, and (4) design of Operational Excellence system improvements as part of a state government-wide initiative.

#### **Goals, Objectives, and Measures**

Utah's 2020-2024 CFSP goals were formed as a result of identified needs, and, through a collaborative process, possible solutions were analyzed and weighed in a variety of venues. National-level strategic planning sessions with Court Improvement partners helped set the foundation for overall planning and conceptualizing goals. PIP workgroups analyzed CFSR findings, seeking to identify underlying needs and select strategies to resolve those needs. The Department of Human Services organized cross-agency teams, which included state-level health and human services agencies, community service providers, child welfare regional staff, and consultation with tribes and clients, to analyze and address provisions of FFPSA, with particular focus on how the prevention services provisions could build upon the foundation of Utah's IV-E waiver child welfare demonstration project. Planning for completion of the IV-E waiver gave DCFS an opportunity to reflect upon processes for implementation and to utilize waiver funds as a bridge to increase prevention resources. The former Utah governor's Operational Excellence initiative provided for an intensive system self-assessment, with outside consultation from experts in the Theory of Constraints model. Input from the Child Welfare Improvement Council (CWIC), an independent advisory body, resulted in additional recommendations for refinements. Together, these efforts led to the selection of four primary 2020-2024 CFSP goals for improving Utah's child welfare system and outcomes for children and families, which can be generalized as having "safe children through strengthening families within the context of a supported workforce and integrated child welfare system and community."

These broad goals reflect priority concerns of the agency and guide selection of significant areas of improvement that Utah will focus on through the FFY 2020-2024 CFSP period. Elements of each of the other initiatives are integrated into goals and objectives for the CFSP and constitute the highest priorities for system improvement in Utah's child welfare agency during the period of the plan.

## *APSR Update*

Following each goal's objective is Utah's APSR update to its plan for enacting the state's vision and progress made to improve outcomes, including revisions to goals, objectives, and interventions, since submission of the FFY 2020-2024 CFSP.

*Goal #1: Children will remain safe at home or free from maltreatment while in State care.*

### *Initial Rationale for Selecting Goal for the Plan:*

Child safety from maltreatment is the foremost responsibility of DCFS. Continuing efforts to improve caseworker ability to evaluate safety are always a necessity. In Utah's CFSP, needs for improvement were identified for both Safety Outcome 1 and Safety Outcome 2, as described in a prior section of this document and in Utah's PIP. Root cause analysis focused attention particularly on the need to ensure caseworkers more systematically assess child safety at critical junctures across all types of child welfare cases. In addition, analysis of child fatalities and near fatalities in the past year brought renewed attention to the most extreme consequence that can occur when child safety is not attained, with children under age one being most at risk. Data (listed in the "Populations at Greatest Risk of Maltreatment" section of the CFSP) prompted DCFS to challenge a "one size fits all" approach to child protective services assessments (aside from priority time frame) and develop differing requirements based on child vulnerability and types of allegations. For example, the data showed that children under age five are at high risk of maltreatment, including children one year or younger who accounted for 69% of fatalities in SFY 2018 and 50% of fatalities in SFY 2019. Utah's CPS Success Project has provided evidence that, with a supportive system, CPS worker capacity can be increased, which may allow for increased time with families during the investigative period, better ensuring child safety.

**Objective #1.1:** Design and implement a system that supports CPS workers in responding to a referral in a way that better ensures child safety commensurate with identified child vulnerabilities and allegations.

APSR Benchmarks / Time Period Update: System design is completed (including SAFE supports, practice guidelines, etc.); pilot sites will be trained by July 2021; system is successfully implemented at pilot sites by December 2021.

*Measures: 1.1.a. & 1.1.b. % recidivism (at 90 days and at 12 months) after CPS assessment is completed for children with higher vulnerabilities; 1.1.c. % children seen within priority time frame.*

## *APSR Update*

This objective, originally known as Safety at Critical Junctures, focuses on ensuring safety across the system; this work includes the First Impression Project. First Impression intensively focuses on the DCFS initial involvement during a CPS case.

First Impression also focuses on improving the flow of a family's case at the onset of DCFS involvement when safety issues have been identified, to set families up for a greater chance of success. The response intentionally involves families and their wider circle to address safety for children.

This includes increasing family voice and engagement within the initial safety assessment of a case through the facilitation of upfront family-driven teaming, intensely searching for and engaging with kin and initial kin placements, and reducing systemic barriers to accessing evidence-based and appropriate services in a timely manner.

First Impression intensively focuses on the onset of a CPS assessment. Since families are the experts on their experiences, needs, and strengths, family voice needs to be heard early during DCFS involvement to ensure inclusion of the family in decision-making and in resolving safety concerns. Robust teaming with the right participants helps to develop tailored plans, determine necessary services to resolve safety issues, and mitigate risk. Families benefit from the increased social connections this model supports.

### *Pilot*

In March 2021, DCFS began a contract with the Kempe Center for its assistance with the First Impression project, including implementation of a pilot, discussed below. The Kempe Center works with pilot site coordinators on all phases of the process.

The First Impression workgroup selected a teaming model process, Family Group Decision Making (FGDM). Through work with the Kempe Center, modifications to FGDM were made and focused on how to use this framework for creating an expedited response at the CPS level to support children and families quickly and at the point they initially become involved with DCFS. Additional modifications were tailored to specifically address Utah's child welfare system. The name given to this new process is Family Action Meeting (FAM).

To establish the First Impression/FAM pilot, two rural and one urban site were selected. The pilot sites have helped to facilitate a broad spectrum of information, which has informed the process, including its expansion, with an eventual plan to scale the project statewide. Within the pilot sites, capacity was created to support the existence of a coordinator role. This position works with the family to help them build their support system. In response to lessons learned throughout the pilot

phase, DCFS and the Kemp Center are continually refining and improving processes. An overview of FAM is provided below.

### *Family Action Meetings*

The family support system is invited to the FAM, which is held at the onset of a CPS assessment to address safety concerns. FAM increases family voice in the planning process and places effort on keeping children home safely, whenever possible. A primary focus of FAM is for families to experience less trauma; this is accomplished with fewer unnecessary removals and increased support from kin, which occurs by bringing kin into the process early and robustly. FAM intentionally creates transparency and strategically shifts the power differential from DCFS to the family.

FAM facilitates an expedited response when a safety concern is identified. A referral meeting is held one business day from the initial CPS referral, and a FAM is held three business days from the referral meeting or prior to the shelter hearing. Each phase of FAM is designed to address the power differential between the family group and DCFS. There are four phases to the FAM process:

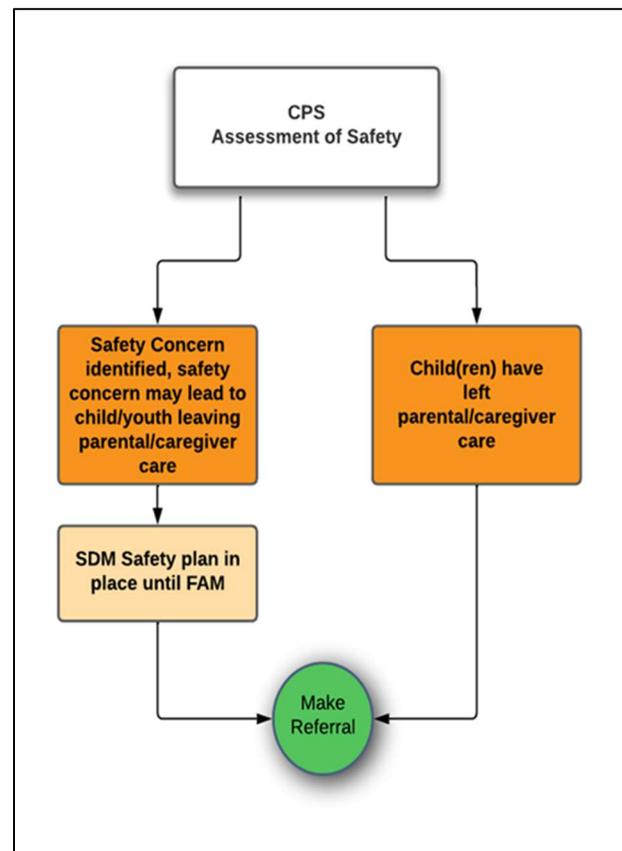
1. Referral
2. Preparation
3. Meeting
4. Plan Implementation and Follow-up

A primary goal of the FAM process is for families to be a part of the decision-making team and partner with system representatives to create consensual decisions acceptable to all parties.

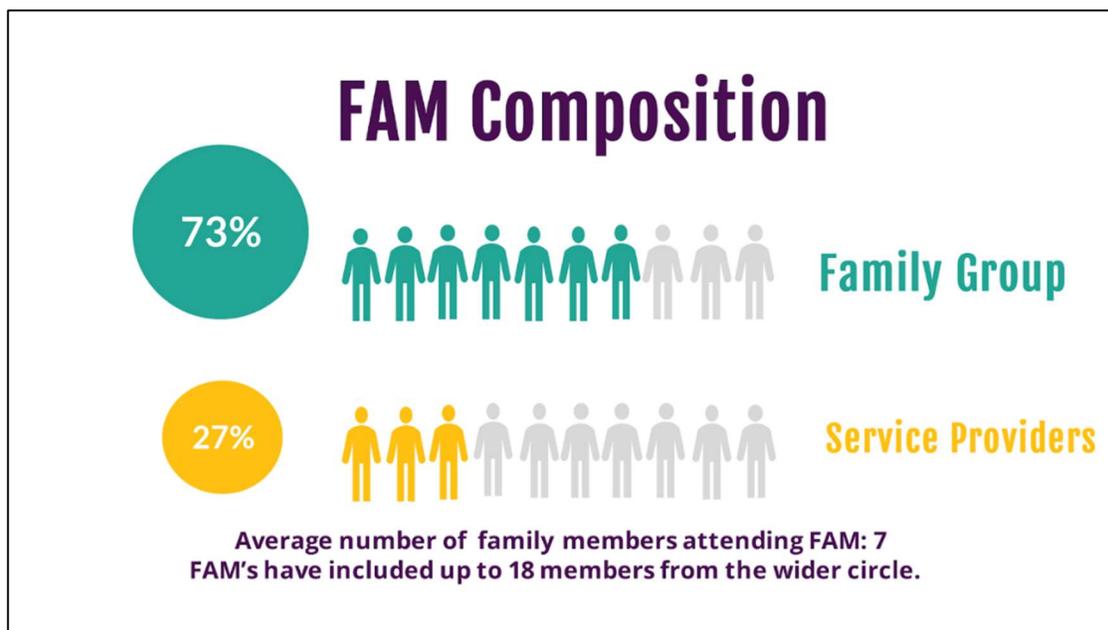
Before a referral is made, it must be determined that there is sufficient information to explain to the family what the child safety concern is.

In the family group, DCFS and the family's wider support system address safety concerns. This is the context for child welfare and safety resolution. The family group and DCFS work together to develop a plan through consensus to address safety concern(s).

The relationship of the family and caseworker is improved because the family is involved in making case decisions, instead of being told by DCFS what is going to happen.



The plan guides how the family and DCFS work together moving forward. The average family group makes up 73% of participants, whereas service providers make up 27%.



### *Plans for Expansion*

During FFY 2021, DCFS determined that, to prepare for a successful expansion of FAM beyond the two pilot sites, a Program manager, who will train and monitor the process is maintained to fidelity, was hired. Also, capacity was created to support having a team of specialized FAM coordinators. The process of hiring FAM coordinators is underway.

In November 2022, a seed office in the Northern Region and a second Salt Lake Valley Region office were launched. The goal for FAM expansion is to implement a seed office in FAM-less DCFS Regions and expand the existing pilot regions as capacity allows. The next seed office is planned for launch in the Eastern Region.

In addition to implementing the FAM seed offices, there is a focus to train leadership on the FAM process. Multiple cohorts of leadership are going through robust FAM training from the Kempe center to increase understanding and build internal capacity. This far, some leadership from all five regions have been trained and includes region directors, associate region directors, administrators, supervisors, and lead workers).

DCFS is also working with the Assistant Attorney General (AAG) team to increase understanding of the new approach and support having FAM plans advocated for when there is court involvement. DCFS met with the AAG section directors in September 2022 to introduce the process and share initial outcomes. DCFS has also been invited to present at an AAG conference in April and provide training to the full AAG team.

While it is still early in the implementation process, the First Impression workgroup is encouraged by how First Impression and FAM are being received.

### *Culture of Safety*

In October 2020, a project team was selected to identify safety areas within Utah's child welfare system that needed improvements. The project was named Culture of Safety and is designed to infuse safety throughout Utah's child welfare system. Culture of Safety includes three primary goals:

1. Help staff feel safe through the provision of a supported workforce
2. Help families create safe homes through the completion of comprehensive assessments and appropriate resource provision
3. Help children remain safe in their own home or in out-of-home-placements, when necessary

### *Phase One*

Culture of Safety's first phase is completed. Phase One focused on vulnerable children. Through the problem exploration process, the project's workgroup identified the populations of children at greatest risk of serious injury or fatality. A comprehensive staffing guide was created to assist workers in gathering the most relevant, factual, and timely information possible to make informed safety determinations. The guide is designed to facilitate critical thought and reduce potential biases. Along with the guide, the workgroup created Resource Guides on each of the identified vulnerable populations. The resource guides were provided for workers for use as a supplement to the Staffing Guide. The identified vulnerable populations addressed include:

- Children who are under the age of 5
- Children who have a developmental delay
- Children who are nonverbal
- Children who have a sentinel injury
- Infants who have a caregiver who is using substances
- Children who have a disability or special healthcare needs
- Children who have a high risk of death by suicide

The Resource Guides enhance the Staffing Guide by focusing on what makes the child vulnerable. Special considerations are applied for working with each population and specific resources designed to address the needs of each population are suggested. This phase was rolled out as a live two-hour virtual training to all DCFS staff in March 2021. The training introduced the comprehensive Staffing Guide and Resource Guides. To receive training credit hours, each participant was required to complete a post-test after completion. In addition to the post test, the CQI process has included feedback from users on the staffing guide from users, such as supervisors and caseworkers, which has led to changes and refinements during FFYs 2021 and 2022.

Through this process, it was determined that CFSR+ will serve as the CQI for the staffing guide moving forward.

### *Phase Two*

Because a high number of children enter DCFS custody due to caregiver substance use disorder, Culture of Safety Phase Two focuses on safety as it relates to substance use disorder. House Bill 73, which became a law on May 5, 2021, prohibited the court, DCFS, and Guardians Ad Litem from referring any party for hair or fingernail testing to determine substance use. A more comprehensive way to address safety, other than drug testing, was necessary.

Clear communication addressing the legislative update was provided to frontline supervisors. Supervisor orientations were completed in May 2021. Additionally, program administrators provided virtual staffing times and a centralized technical support email for staff to refer to when addressing issues.

An additional section was added to the Safety Staffing Guide to enhance worker knowledge of assessing caregiver substance use. The guide is a one-page document that outlines risks to consider when caregivers are using substances. Frequent behavior indicators, physical indicators and environmental indicators are also listed within the guide. Supervisors were given open-ended staffing questions to clearly outline the safety issue when caregivers' substance use presents a safety concern for children.

DCFS also held Supportive Supervision Training for all supervisors and administrators that perform direct frontline work. This training was focused on the following four priorities:

- Assessing safety of children and clearly articulating the safety concern
- Enhancing quality contacts when assessing the safety of children
- Increasing parent engagement throughout the case
- Permanency planning for children and families

Training was completed in November 2021. Each supervisor and administrator were asked to complete an action plan to enhance the work on their respective teams. The action plans were shared with administrators for the purpose of follow-up with teams and tracking progress made in the four priority areas.

This concluded the design and implementation work of the Culture of Safety project. This work is now considered standard practice and is monitored through case staffings and the CFSR+ process.

*Strengthening CPS*

An effort completed in November 2020 and related to CPS response is Strengthening CPS. This initiative introduced work practices aimed at improving CPS casework processes and outcomes for families. The Strengthening CPS pilot implementation included regular feedback sessions with region administration, CPS supervisors, and the implementation team. The sessions were designed to learn from the field and were held every 10 days for over one year, creating an ongoing state of continuous quality improvement. During the sessions, strategies were refined, and processes were revised. This 10-day cycle of process improvement sessions repeated until implementation of Strengthening CPS was completed. Based on the results of the evaluation and the lessons learned through the feedback sessions, ongoing CPS practice was modified to include Strengthening CPS as a part of regular practice and an expectation for all CPS teams.

Objective 1.1 data for FFYs 2018-2022 (90-days) and FFYs 2017-2022 (12-months) is presented in the three tables below.

*Measure 1.1.a.*

<b>Supported Victims without a Recurrence of Maltreatment within 90 Days<sup>1</sup></b>										
	FFY 2018		FFY 2019		FFY 2020		FFY 2021		FFY 2022 <sup>2</sup>	
Victim Age at First Case Start	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent
0 to 1 Year	68	96.0%	80	95.3%	68	96.0%	80	95.3%	38	96.30%
2 to 5 Years	65	97.0%	114	94.7%	65	97.0%	114	94.7%	79	95.80%
6 to 12 Years	156	95.9%	177	95.1%	156	95.9%	177	95.1%	117	95.20%
13 Years and Older	109	96.1%	108	96.1%	109	96.1%	108	96.1%	61	96.40%
TOTAL	396	96.2%	476	95.3%	396	96.2%	476	95.3%	294	95.80%
NOTES: <sup>1</sup> Recidivism data are reported for the FFY in which the first supported case was closed. <sup>2</sup> FFY 2022 data are included for Measure 1.1.a, as 90 days have passed since the last day of FFY 2021.										

Measure 1.1.b.

Supported Victims without a Recurrence of Maltreatment within 12 Months <sup>1</sup>												
Victim Age at First Case Start	FFY 2017		FFY 2018		FFY 2019		FFY 2020		FFY 2021		FFY 2022 <sup>2</sup>	
	Percent	Count	Percent	Count	Percent	Count	Count	Percent	Count	Percent	Count	Percent
0 to 1 Year	88.3%	214	87.4%	179	88.3%	214	163	89.0%	157	88.00%		
2 to 5 Years	88.7%	245	88.7%	247	88.7%	245	251	87.5%	229	88.30%		
6 to 12 Years	88.4%	440	88.6%	418	88.4%	440	398	88.9%	433	87.90%		
13 Years and Older	90.5%	263	90.5%	278	90.5%	263	237	92.0%	256	906.00%		
TOTAL without Recurrence within 12 Mos	89.0%	1,156	88.90%	1,115	89.0%	1,156	1,043	89.6%	1,072	88.80%		

NOTES: <sup>1</sup> Recidivism data are reported for the FFY in which the first supported case was closed. <sup>2</sup> FFY 2022 data are not included, as a full 12 months have not passed since the last day of FFY 2022. Data for CPS cases closed during FFY 2022 will be available after September 30, 2023.

Measure 1.1.c.

Number and Percent of Closed CPS Cases where the Child was Seen within the Priority Time Frame		
FFY	Number of Closed Cases with Priority Met	Percent of Closed Cases with Priority Met
2017	17,289	87.2%
2018	17,697	89.0%
2019	17,748	89.4%
2020 <sup>1</sup>	16,785	88.0%
2021 <sup>2</sup>	16,323	87.1%
2022 <sup>2</sup>	18,211	88.60%

NOTES: <sup>1</sup> Priority Due Dates before November 23, 2020, were recorded at the case level and only a single due date is recorded for each case. Therefore, FFY 2016 through 2020 calculate the percent of cases with priority met using the case counts. <sup>2</sup> Cases opened on or after November 23, 2020, which includes FFY 2021 and forward, have a priority due date for each child victim on a case

Objective 1.2: Design and implement policy, guidance, and/or tools to enable caseworkers to conduct quality home visits, which include assessment of safety in the home across all child welfare case types. (Note: This objective is correlated with Goal #3 in the CFSR PIP.)

Updated Benchmarks / Time Period: Design of policy, guidance, and/or tools to be completed by July 2022; caseworkers and supervisors trained by January 2023; implemented by June 2023.

*Measures: % in-home visits consistent with SDM recommendations; # and % of SDM safety, risk and risk reassessments completed within required time frames; % private conversations with children for in-home and out-of-home cases monthly.*

### *APSR Update*

The work for Objective 1.1 is foundational for the completion of Objective 1.2. Despite competing priorities and the DCFS response to COVID-19, progress has been made on Objective 1.1, as detailed above.

One of the strategies to aid workers in providing quality home visitation is to support families in maintaining safety and reducing risk by accurately assessing safety concerns and risk for subsequent child abuse and neglect. The SDM Safety and Risk Assessment tools are utilized for this purpose. During SFY 2020, the SDM Risk Revalidation was completed. The revalidation process found that the risk assessment and reassessment tools needed to be modified.

The DCFS project management team worked with the SAFE (CCWIS) business analysts to develop specifications for the SDM tool and scoring revisions. The SAFE team determined the time frame for programming the SDM changes in conjunction with the overall CCWIS implementation plan. Due to competing demands, changes to the SAFE system were slightly delayed but were released in April 2022. Following its release, the project management team provided statewide training for administrators, supervisors, and frontline staff prior to the release of the SDM risk assessment and risk reassessment tools. The training also focused on how to gather information to complete the assessments.

#### *Measure 1.2.a.*

DCFS SAFE will deploy a case metric that will display the number of required visits and the number of completed visits each month on each in-home case based on the SDM Risk or Risk Reassessment. This will be completed in the second quarter of the calendar year 2023.

Measure 1.2.b.

<b>Timeliness of Safety Assessment<sup>1</sup></b> Finalized Safety Assessment by Fifth Business Day Following the Child First Seen Date or from the Interview of the Child Date <sup>2</sup> (Measure 1.2.B)		
FFY	Number	Percent
2018	13,979	70.4%
2019	14,660	74.0%
2020	14,861	78.5%
2021	13,833	73.9%
2022	14,025	68.30%

*NOTES: <sup>1</sup> Unable to Locate, Unable to Complete, and False Report cases were not included. CPS investigations completed by Related Parties Investigations were also not included. <sup>2</sup> Interview of child date was used, if a child first seen date was not documented.*

Measure 1.2.c.

<b>Caseworker Visits<sup>1</sup></b>			
FFY	Children in Custody Age 17 and Younger Requiring One Visit Per Month	Percent of Months a Visit was Required and Completed	Percent of Completed Visits at the Child's Residence
2018	4,227	96.30%	99.90%
2019	3916	85.80%	99.90%
2020 <sup>2</sup>	3509	96.80%	99.90%
2021	3318	96.80%	99.90%
2022	3126	92.90%	99.6%

*NOTES: <sup>1</sup> Data includes visits by the Division of Juvenile Justice and Youth Services (JJYS) with children in the custody of JJYS; this agency may not conduct all visits at the child's residence. <sup>2</sup> During FFY 2020, one child had custody episodes with both JJYS and DCFS. The aggregate number of children is an unduplicated count.*

*Goal #2: Family capacity to safely care for their children will be strengthened through expanded availability of services and increased involvement of kin.*

*Initial Rationale for Selecting Goal for the Plan:*

HomeWorks focused on providing tools and enhancing caseworker skills to better support parents in safely caring for their children in the home. While the evaluation positively found that regions sustained implementation of UFACET, a CANS-based assessment, and incorporation of protective factors in case practice, through stakeholder interviews, the evaluation found that there was “a critical shortage of appropriate services, which were needed to ensure child safety for in-home

services cases. Given this issue, some stakeholders were unsure of the extent to which HomeWorks could remain operational without adequate funding, especially once the waiver ends.” The passage of the Family First Prevention Services Act creates an opportunity to address the service gap that HomeWorks alone was unable to fill. Under FFPSA, ongoing availability of Title IV-E funds will help address three categories of service needs that HomeWorks surveys of staff identified as the greatest need for families, including mental health and substance abuse prevention and treatment, and in-home parent skill-based training.

Utah’s CFSR also indicated need for this goal in stating that “Utah is not in substantial conformity with the systemic factor of Service Array and Resource Development. None of the items in this system factor were rated as strength.” Three of the four elements of Item 29 pertain to this CFSP goal, including: (1) services that assess the strengths and needs of children and families and determine other service needs, (2) services that address the needs of families in addition to individual children to create a safe home environment, (3) services that enable children to remain safely with their parents when reasonable. This finding also reinforces Utah’s need to develop additional services to support children and families in achieving outcomes of safety, permanency, and wellbeing.

Also important in efforts to strengthen families is maintaining family connections, especially for the child. The first priority for DCFS is to maintain a child safely at home. If a child cannot safely remain at home, kinship care has the potential for providing the elements of permanency by virtue of a relative’s knowledge of and relationship with the family and child. Kinship care allows a child to stay in the care of a family member or friend who is willing to meet the child’s needs, including working with the child’s parents or guardian so they can return home, or providing a permanent home for the child in the event they cannot return home. In developing Utah’s PIP in response to the CFRS Permanency Outcome 1, supports to kinship caregivers of children was identified as a need to be addressed. This CFSP goal aligns with PIP Goal #4. Though DCFS has experienced an increase in the percentage of children cared for by kinship caregivers while in foster care, a higher percentage is desired. Also, recent reviews of specific cases have shown that giving priority and seeking kinship involvement needs to be more deliberately reinforced in practice. In addition, the FFPSA creates a unique opportunity to fund kinship navigator services with Title IV-E funds, which will be a valuable service to support kin once an evidence-based program is available.

**Objective #2.1:** Expand the service array for mental health, substance abuse, and in-home parent skills-based training through implementation of the prevention services provisions under FFPSA. (This objective is aligned with the Service Array Systemic Factor goal in the CFSR PIP.)

Benchmarks / Time Period: Develop five-year Prevention Services Plan, including selection of initial evidence-based services, and submit to the Children’s Bureau by September 2019; support training for initial EBPs and establish contracts for these services by October 2019; Expand number and availability of EBPs, with emphasis on capacity for rural areas and tribes ongoing through 2024.

Measures: 2.1.a. % children with in-home cases that enter foster care; 2.1.b. # of EBP services approved and implemented in Utah.

*APSR Update*

Data for FFYs 2018-2021 is presented in the table below. FFY 2022 data will not be available until October 1, 2023.

*Measure 2.1.a.*

<b>Number and Percent of Child Clients on Closed In-home Cases with a Subsequent Foster Care Case Opened between 30 and 365 Days After the In-Home Case End Date</b>		
FFY	Child Clients with a Closed In-Home Case During FFY	Percent of Child Clients with a Subsequent Foster Care Case
2018	3,248	4.2%
2019	3,392	3.6%
2020	3,089	4.2%
2021	3,123	3.6%
2022 <sup>1</sup>		
<i>NOTE: <sup>1</sup> Data for Cases Closed During FFY 2022 is not available until October 1, 2023</i>		

A summary of Utah’s EBP services and its IV-E Prevention Program Plan implementation challenges is presented below.

*Measure 2.1.b.*

Utah submitted its initial Five-Year Title IV-E Prevention Program Plan in September 2019 and initiated contracts for initial evidence-based programs by October 2019. Utah received approval for its Five-Year Title IV-E Prevention Services Plan in December 2019. In this plan, two additional evidenced-based mental health services, Parent Child Interaction Therapy (PCIT) and Functional Family Therapy (FFT), and one evidenced-based parent skills training service, Parents as Teachers (PAT), were included and subsequently approved.

In May 2020, Utah received approval for an amendment to its Title IV-E Prevention Program Plan, adding three additional evidence-based services to the plan, including SafeCare as a parent skills training service, Trauma-Focused Cognitive Behavioral Therapy for mental health, and Motivational Interviewing for mental health and substance use disorder.

In January 2022, Utah received approval for the second amendment to its Title IV-E Prevention Program Plan, adding one additional evidence-based service to the plan. The service is Families First, developed and provided through Utah Youth Village. The service is a parent skills training service,

and it was rated as well-supported through the independent systematic review process and was subsequently rated as well-supported by the Title IV-E Prevention Services Clearinghouse.

#### *Parent Child Interaction Therapy*

PCIT training was provided to the first cohort of clinicians in July 2019 and contracts were finalized in late 2019. Monthly supervision was provided to each clinician to assist them in becoming certified providers. DHHS established two rates for this service, one for providers in the process of becoming certified and under supervision and one for providers that are certified. Since that time, DHHS has decided to move to a single PCIT rate, as the separate rates created confusion for agency staff and providers. The first cohort included 27 clinicians.

PCIT training for the second cohort was initiated in June 2020 and was completed by November 2020, despite the pandemic. This cohort included 24 clinicians. Billing for clients under the Title IV-E Prevention Plan began in March 2020.

PCIT training for the third cohort was initiated in December 2021 and January 2022, with one group trained in Salt Lake City and one group trained in St. George, in southern Utah. In these two groups, 29 clinicians were trained.

The PCIT developer modified the service to allow for virtual delivery. PCIT providers are now available in all five DCFS regions, and services have been provided in all DCFS regions. At least two providers have been offering virtually PCIT to rural areas of Utah, which is a significant benefit, as few trained providers reside in rural areas. Utilization has not been as high as originally anticipated, and we have also learned that some providers have been providing PCIT services to client but are not billing under Title IV-E. As Utah prepares for the next five-year Title IV-E plan submission, service utilization and outcomes will be reassessed to determine if PCIT will continue to be included in that plan.

#### *Functional Family Therapy*

FFT is a site-based intervention that requires organizations to be accepted by the developer and to offer the service through trained clinicians who provide FFT exclusively. In FFY 2020, FFT training was scheduled at three sites in Utah but was delayed due to the COVID 19 public health emergency. These training sessions were subsequently rescheduled and held for each of the provider organizations, with two located in the Northern Region and one located in Salt Lake Valley Region, with services also available in Tooele and Park City. All sites provided services under the Title IV-E Prevention Program Plan, as well as to clients outside of that plan. However, in the past year, one of the providers in the Northern Region discontinued providing this service and another is struggling to sustain clinicians providing FFT full-time. We are assessing potential outreach to other providers. Juvenile Justice and Youth Services is the biggest client for this service under the Title IV-E prevention plan. FFT utilization has been highest in the Northern region.

### *Parents as Teachers*

Utah has not yet implemented PAT as part of our Title IV-E prevention plan. PAT programs exist in the state; however, we have not initiated conversations with these programs this year as start-up of other services was identified as a higher priority and several barriers needed to be addressed before implementation could occur. Key barriers have been the case length of child welfare cases compared to duration of PAT cases, voluntary nature of PAT when DCFS cases are court ordered, and provision of services when multiple federal funding sources are available. The time frame for implementation has not been determined. DCFS may consider utilizing PAT under a community pathway option in our next Title IV-E plan cycle.

### *Trauma-Focused Cognitive Behavioral Therapy*

Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) was established as a contract service for DHHS prior to its inclusion in Utah's Title IV-E Prevention Plan. This service is available in three regions of the state, with more than one dozen provider agencies having clinicians who are trained to provide TF-CBT. TF-CBT training was held for two cohorts of clinicians. It has been challenging to have these clinicians follow through to certification through both completion of supervision sessions and in paying for and taking the required certification exam. And as is the case with child welfare, providers are struggling to retain clinicians. TF-CBT is available in three DCFS regions, but it is not yet widely used. While we have considered enhancing the rate for TF-CBT to better support providers in meeting fidelity requirements, the change in rate has not been implemented yet.

### *Motivational Interviewing*

Training was completed for two cohorts, both in the fall of 2019, and another cohort was trained in March 2023. Another training is scheduled for later in 2023. Utah now has 50 clinicians eligible to deliver Motivational Interviewing (MI). Claiming under the Title IV-E Prevention Plan has not yet begun for this service, as the logistics of having this be an add-on service to another mental health or substance use disorder service has not yet been worked out, though planning has begun. An enhanced rate has been proposed for MI to support providers in meeting fidelity requirements. A contract has also been established for LYSSN, an artificial intelligence fidelity resource that can be used by providers to verify fidelity to the MI model. This program is currently being piloted for use by MI clinicians. We expect to begin utilizing MI as part of our Title IV-E Prevention Plan during 2023.

### *SafeCare*

DHHS has finalized the contract with the National SafeCare Training and Research Center (NSTRC) at the University of Georgia to bring SafeCare into Utah as an evidence-based service. Contracts have also been established with community-based providers who will offer the service in each region of the state. Two initial training sessions for in-home providers have been completed, resulting in three in-home providers being available in the Northern Region and four in-home providers being available in Salt Lake and Western Regions. Preparations are under way to train another cohort of in-home providers, with the goal of extending service delivery to rural areas of the state. Service delivery has just begun. NSTRC will provide the initial training and coaching, and over time it will help

Utah become sustainable in being able to provide coaching and training for the SafeCare program. Accreditation of community programs will be completed by NSTRC on an ongoing basis when the program is provided with sufficient fidelity.

### *Families First*

DCFS has contracted with Utah Youth Village for the Families First parent skills training for several years. During the reporting period, this service was added to our Title IV-E Prevention Program Plan through the independent systematic review process, then was subsequently rated as well-supported by the Title IV-E Prevention Services Clearinghouse. This service is available in all the DCFS regions and in most communities with DCFS offices. DCFS was able to quickly put in place the logistics to utilize this service under the IV-E Prevention Program and has been able to submit claims under Title IV-E. In the first year approved under the plan, services were provided to nearly 300 clients.

### *Addressing Challenges*

In addition to the complexity of starting up new evidence-based programs under the Title IV-E Prevention Program Plan, challenges have continued around access and utilization of services once they are available. To some extent, caseworkers in regional offices have not been quick to adopt the use of the new EBP services. During the past year, several activities have continued in an effort to support caseworkers in referring to the new services.

For example, state office staff have continued to reach out to both regional teams and individual caseworkers to provide information about the use of EBP services. Data reports have been utilized to identify new clients whose UFACET assessment indicated that an EBP might be appropriate, and program staff have reached out to the specific caseworkers to talk about service selection.

In addition, a simplified process for referring clients for EBP services has been utilized, bypassing the more cumbersome region service review and authorization process. A CQI data report has been developed to monitor use of EBPs by region, office, and supervisor. The report also tracks the use of services based on the case type and the source of funding. This data has demonstrated an increase in use of EBPs over time.

New 211 helpline resources are also available to frontline staff, which will help caseworkers identify and select appropriate evidence-based programs and services for children and families they serve. DHHS has also established a service navigation team, which may be able to support our efforts to expand the use of EBPs for clients.

Another challenge for implementation is availability of services, with most of the new EBPs available in more urban areas of the state. Targeted recruitment of providers in rural areas will continue to be a focus as new training is held or new services are developed. We anticipate also exploring the ability to continue to provide services remotely after the Stafford Act flexibility is rescinded with the end of the public health emergency declaration.

For additional information please see APSR section II, Service Array and Resource Development.

**Objective #2.2:** Increase and improve kinship involvement in supporting children and families through a structure that better supports identification of kin to keep children safe at home or to provide a safe placement; improve identification, assessment, engagement, and support of kin; bolster and clarify expectations and shift organizational culture to prioritize kinship placements over non-kin foster care. (This objective is aligned with Goal #4 in the CFSR PIP.)

Benchmarks / Time Period: Develop organizational structure that better supports identification of kin by January 2021; implement kin identification structure by July 2021; develop strategies to improve assessment, engagement, kin support, clarify expectations, and shift culture by January 2022; implement strategies to improve assessment, engagement, kin support, clarify expectations, and shift culture by July 2022.

*Measures: 2.2.a. % children in foster care served in kinship homes; 2.2.b. % of time children in foster care are in kinship placements; 2.2.c. # kinship placements for children in foster care 2.2.d. % foster children that exited to family (i.e., reunification or custody/guardianship or adoption with kin); 2.2.e. searches for kin during CPS and Ongoing cases (CPR measure).*

### *APSR Update*

The kinship workgroup has made numerous efforts to increase identification of kinship supports and placements. The group's efforts are detailed below.

The kinship workgroup mapped the current kinship process, identified gaps, and prepared recommendations for improvement. Their report was presented to DCFS administration and is informing future kinship work.

In response to earlier recommendations made by the kinship workgroup, in May 2022, DCFS created a BCI Support Team. It is expected that centralization of the BCI process will improve kinship efforts. The anticipated outcomes include ensuring consistency and accuracy, as well as reducing biases when completing the BCI background checks for kin. A BCI tech follows the application throughout the entire BCI process, including application approval or denial. If the kinship placement becomes the permanent placement, the BCI team will collect clearances for licensing and/or adoption.

Also, in May 2022, Utah established a State Background Screening Committee. With this centralized state structure, DCFS is experiencing consistent, less biased decisions that reinforce moving a case forward and placing with kin early in the process. Another key element of the centralized structure is that caseworkers will be accountable for working with families to make next step decisions. If the background check is approved, the caseworker will need to address any reasons they have for not moving forward with placement in the approved kinship family.

The DCFS Kinship Program Administrator meets monthly with the region's Kinship Resource Family Consultants (RFC) and Interstate Compact on the Placement of Children (ICPC) Supervisors to share information and resources and improve practice guidelines and region support. The kinship workgroup works with the DCFS Regions Kin Locators to ensure they are fully trained and that have access to all necessary databases that can be used for locating kin.

The Program Administrator collaborates with Utah Foster Care, Children’s Service Society of Utah Grandfamilies, Department of Workforce Services, the Office of Recovery Services, kinship families and youth, 211 service, and the DCFS Indian Child Welfare Act (ICWA) Administrator to improve services to kinship families.

When DCFS Regional Placement Committees do not reach a consensus on a placement determination, the case moves to a higher-level staffing that includes the Region Director from the region in which case originates, a Regional Director from another region, Regional Placement Committee Chairperson (will lead the discussion), a clinical consultant, the caseworker’s supervisor, a State Office Administrator, and the DCFS Assistant Director. This process is intended to provide added support to the regions and educate the child welfare community on the value of kinship care, including the provision of evidence-based research and legal precedence.

Finally, the Court Improvement Program Virtual Summit, detailed in Objective 4.2, has also helped to educate the child welfare system members on the value of kinship care.

Objective 2.2 data for FFYs 2018-2022 is presented in the tables below.

*Measure 2.2.a.*

<b>Children in Foster Care with at Least One Kinship Caregiver Placement During the FFY (Measure 2.2.a)</b>			
FFY	TOTAL Children Served in Foster Care During FFY	Number of Children Placed with a Kinship Caregiver During FFY	Percent of Children Placed with a Kinship Caregiver During FFY
2018	4,720	2,076	44.0%
2019	4,542	1,999	44.0%
2020	4,074	1,831	44.9%
2021	3,878	1,820	46.9%
2022	3589	1743	48.6%

Measure 2.2.b.

<b>Percent of Time Children in Foster Care were Placed with Kin (Served) (Measure 2.2.b.)</b>			
FFY	Number of Days in Care (All Foster Children)	Number of Days in Care Foster Children Were Placed with Kin	Percent of Days in Care Foster Children Were Placed with Kin
2018	996,786	408,238	41.0%
2019	911,831	362,212	39.7%
2020	893,329	376,691	42.2%
2021	810,319	358,411	44.2%
2022	761,872	334,427	43.9%

Measure 2.2.c.

<b>Children in Foster Care Placed with a Relative on Last Day of the FFY (Measure 2.2.c.)</b>			
FFY	Children in Foster Care	Children Placed with a Relative	Percent of Children Placed with a Relative
2018	2576	836	32.5%
2019	2479	810	32.7%
2020	2374	845	35.6%
2021	2132	758	35.6%
2022	2066	779	37.7%

Measure 2.2.d

<b>Reasons Children Exit Foster Care to a Relative (Measure 2.2.d.)</b>						
FFY	Reunification		Custody/Guardianship to a Relative		Adoption to a Relative	
	Number	Percent	Number	Percent	Number	Percent
2018	925	41.3%	258	11.5%	332	14.8%
2019	880	43.1%	290	14.2%	272	13.3%
2020	760	43.3%	277	15.8%	169	9.6%
2021	698	40.7%	260	15.2%	244	14.2%
2022	635	40.9%	239	15.4%	255	16.4%

*Goal #3: The child welfare frontline workforce will be supported with an organizational structure that enables them to complete critical case activities and engage children and families in achieving outcomes of safety, permanency, and wellbeing.*

*Initial Rationale for Selecting Goal for the Plan:*

Child welfare can be a challenging and complex system with requirements, policy and procedures that do not always align with Utah's goal of "safe children through strengthened families." We have experienced a negative cycle in which the child welfare system loses expertise and capacity needed to support our workforce and serve families, often through turnover. This leads to DCFS defaulting to compliance driven work, which can negatively impact the quality of the work with families. As such, staff do not consistently engage, team, assess, plan, and intervene to facilitate transformational change. The outcome potentially compromises child safety, permanency, and family outcomes. This leads to more requirements, policy, training, procedures, measures which then overburden the workforce with constantly increasing, changing, and competing requirements and expectations. This, in combination with unpredictable mandates, interruptions, and crises, leads to low morale and high turnover. The cycle then repeats.

To break this cycle, DCFS is participating in a state government-wide system improvement initiative called Operational Excellence (OE). For DCFS. This will expand application of a Theory of Constraints model from CPS, which is operational in three of five regions, to ongoing child welfare case practice. The initiative will focus on work processes and workflow and reallocate resources to key priorities, which will create capacity to significantly improve consistency of practice, in particular the ability of staff to focus on critical activities like addressing safety of children and engaging parents. This will include eliminating or reassigning tasks, responsibilities and initiatives that take away from critical activities and aligning our system and resources to ensure children are safe through strengthened families.

This Theory of Constraints model has been incorporated into CPS work in Northern, Salt Lake Valley, and Western Regions, with promising results. For example, in the Western Region, over a period of four quarters there was a reduction of 10 days in the average number of days a CPS case is open, from 35.4 to 25.3. DCFS has also seen a 10% increase in frequency of priority time frame being met from 80.7% to 90.3%. Average client contacts per case have also increased from 11.9 to 14.2. It is anticipated that applying this model to ongoing cases (in-home and out-of-home) will create additional capacity for caseworkers to address the safety of children and engage with families for transformational change.

This goal was also selected with the belief that applying principles of this model may help address challenges associated with caseworker turnover through providing a more supportive practice structure for caseworkers. During the past year, DCFS region directors unanimously identified workforce needs as the greatest concern they face, in areas such as staff competence, employee retention, career ladder/compensation, leadership and skills development, culture, and

organizational support. In SFY 2018, Utah experienced 31% turnover of frontline caseworker positions, up from 19.9% in 2012 and 23.2% in SFY 2014. Regions struggle to fill available vacancies and numbers of new employees trained remain at an all-time high, with 196 new caseworkers trained in SFY 2020.

Operational Excellence has been identified as a crosscutting strategy for Utah's PIP, Goal #1. It is anticipated to address issues identified under Wellbeing Outcome 1 (Items 12-15), strengthen the assessment of safety during home visits at critical junctures (Safety Outcome 2: Items 2 and 3), and items that showed inconsistencies of practice (Permanency Outcome 2: items 7-10; items 16, 17, and 18). The Operational Excellence initiative is now referred to as First Impression.

**Objective #3.1:**

- Design an improved organizational structure to support frontline workers in completing case critical activities that improve safety, permanency, and wellbeing of children.
- Structure caseworker expectations around the frequency, intensity, time, and type of activity to improve family outcomes.
- Identify and eliminate or reassign non-critical casework activities to increase caseworker capacity allowing them to spend more time with families.

Benchmarks / Time Period: Design organizational structure to support frontline workers in completing case critical activities by May 2020; implement organizational structure to support frontline workers in completing case critical activities by July 2021.

Updated Benchmarks / Time Period: Design organizational structure to support frontline workers in completing case critical activities by December 2020; implement organizational structure to support frontline workers in completing case critical activities by December 2021.

*Measures: 3.1.a. caseworker turnover; 3.1.b. workforce survey of perceptions of worker support; 3.1.c. Qualitative case review system scores.*

*APSR Update*

Two primary projects address this objective.

*Managing Active Progress*

The Managing Active Progress (MAP) system uses daily stand-up meetings and a MAP board to help staff track essential tasks that need to be completed on each case. In daily stand-up meetings, critical case practice activities are determined for the day and any need for additional caseworker support is identified and scheduled. The MAP process allows supervisors and their teams to visually track the progression of cases as they move toward closure. Through the MAP process, the team

builds cohesion and improves team support. MAP's initial implementation process was completed in November 2019.

The evaluation period for MAP Prototype I ended in November 2020. It was determined that the regular use of MAP helped teams to collaborate and stay connected, particularly during emergency telework resulting from the pandemic. Supervisors report MAP has been a good way for them to mentor employees on work-life balance, work prioritization, and learning to focus on tasks to achieve the best results for families. Workers report a slightly increased ability to identify and prioritize critical activities, as well as a sense that they have the time they need to focus on the most critical needs of families they serve.

The MAP board currently requires manual entry for many fields, which has been a barrier for teams to use it to fidelity. As a result, visual tracking of case progression and ability to identify time-sensitive tasks at a glance has not been fully realized. The second prototype will address these issues by integrating the MAP boards into Utah's DCFS CCWIS system. Three of the fields on the MAP boards have been included in CCWIS development but have yet to be deployed. They are separated into three different categories: Assessments, Home Visits and Activity Recordings. The assessment category displays the finding and dates of the validated assessment tools used (SDM and the UFACET, a CANS tool). The home visits tracks when the last home visit was done and the number of days between the visits. The activity recording shows how many days since documentation was done and how many recordings are still in a draft status. More features will be added over the next few years. The timeline for this prototype has been pushed back due to competing priorities in the transition from SACWIS to CCWIS. It is estimated this will be completed in FFY 2023.

### *Culture of Safety*

Second, the Culture of Safety Project is designed to infuse safety throughout Utah's child welfare system. Culture of Safety includes three primary goals:

1. Help staff feel safe through the provision of a supported workforce
2. Help families create safe homes through the completion of comprehensive assessments and appropriate resource provision
3. Help children remain safe in their own home or in out-of-home-placements, when necessary

Culture of Safety is presented in greater detail within Objective 1.1 above.

*Measure 3.1.a.*

The work of the two projects presented above is focused on supporting Utah’s child welfare frontline workforce through providing an organizational structure that provides necessary supports, which, in turn, may improve workers’ job satisfaction.

The table below presents 2018-2022 DCFS caseworker turnover. External turnover represents individuals leaving DCFS; internal turnover refers to vacancies within DCFS that occur when employees move to a different position within the agency. Total turnover demonstrates the challenge of achieving and maintaining a fully staffed caseworker team.

<b>Percent of DCFS Caseworker Turnover</b>			
Calendar Year	Internal Turnover	External Turnover	TOTAL Turnover
2018	17.7%	30.3%	48.00%
2019	17.3%	32.2%	49.50%
2020	14.9%	28.2%	43.10%
2021	10.7%	34.6%	45.30%
2022	13.6%	39.4%	53.00%

The \$5M allocated to DCFS by Utah’s governor and legislature in SFY 2021 was an important step to supporting workforce development and improving morale. More than 94% of DCFS workers in frontline positions were impacted by targeted pay increases.

During the 2022 Utah legislative session, a 3.5% cost of living increase was approved for DCFS employees. Based on recommendations stemming from a study completed by the Utah Department of Human Resources, some titles were also approved for an additional targeted adjustment. Both took effect in July 2022.

During the 2023 Utah legislative session, a 5% cost of living increase was approved for DCFS employees. Nearly \$11M in additional funding was provided to support the Division’s continued efforts to invest in staff professional development and retention. The three-year career pathway and training plan for frontline caseworkers is in its second year. The plan is intended to support stability, efficacy, and opportunity for the DCFS workforce. For additional information, please see Attachment E. Training Plan.

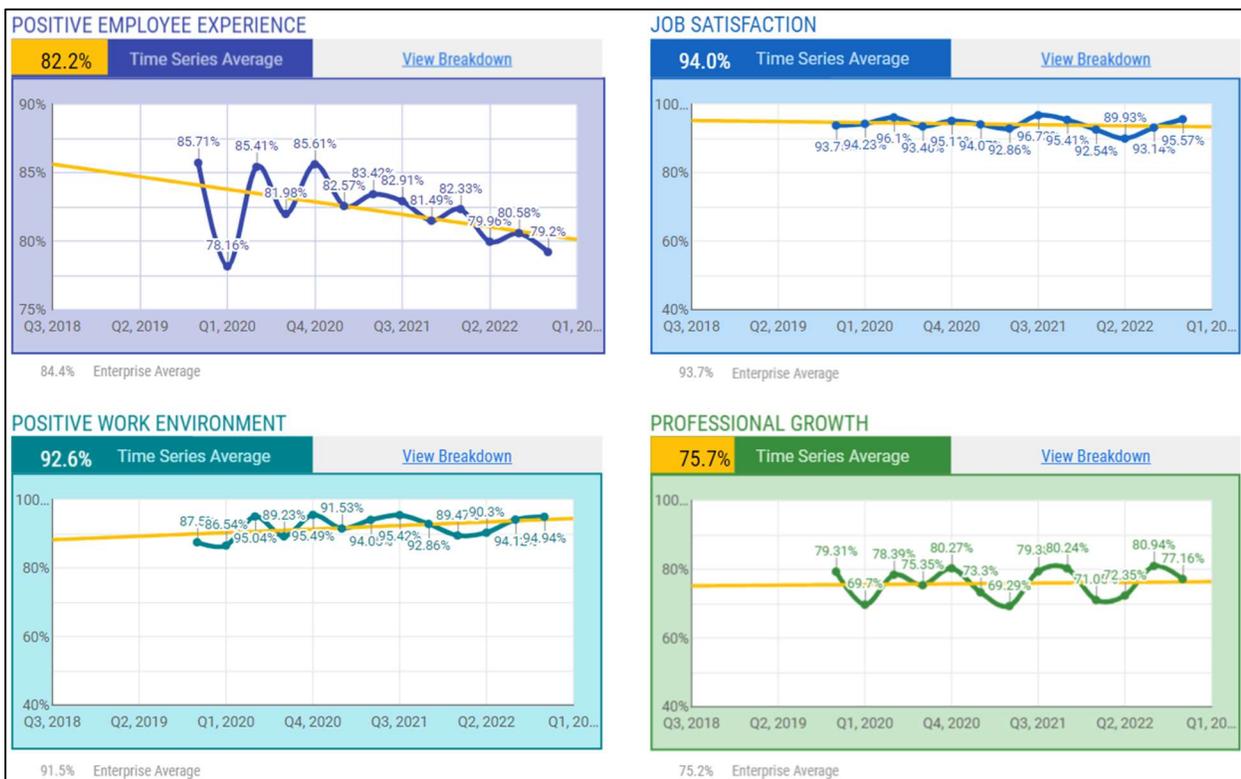
To support the professional development plan, a small workgroup addressed the performance plan process for frontline workers by developing a structure to assist supervisors that will guide them through the performance plan process and help to make it more meaningful for caseworkers and supervisors.

The workgroup's focus has shifted to a similar initiative to address mid-level managers, including supervisors of frontline staff. This project will further clarify expectations for supervisors and prioritize their focus on mentoring and coaching frontline staff.

It will take time to impact staffing shortages and improve morale, as Utah continues to see the effects of the economy, particularly inflation rates, on DCFS workforce and the children and families it serves.

**Measure 3.1.b.**

The data in the below charts is from an employee satisfaction survey conducted by the Utah Department of Human Resource Management and depicts information specific to DCFS. The charts show a trend over time, but it is important to note that quarterly respondents are not the same each quarter, as employees complete the survey during the quarter in which they were hired.



**Measure 3.1.c.**

Please refer to the APSR section: Assessment of Current Performance in Improving Outcomes, Quality Assurance System, for data on this measure.

*Goal #4: Better integrate the child welfare system and child abuse prevention network in local communities in Utah.*

*Initial Rationale for Selecting Goal for the Plan:*

The Children's Bureau has highlighted the importance of the child welfare system being more interconnected with child protective services activities in states and communities as a means of focusing on and increasing capacity to prevent maltreatment of children. While DCFS serves as the child welfare agency and has as a key role in child abuse prevention in Utah, these roles have functioned somewhat independently and can benefit from better integration into the full child welfare system that serves our shared families.

HomeWorks' implementation included one-on-one, face-to-face discussions with stakeholders and legal partners on a community level to facilitate a shared vision for child safety and strengthening families. The Title IV-E waiver final evaluation report stated, "By the final rounds of stakeholder interviews, there appeared to be extensive buy-in to the vision and goals of the waiver, particularly within DCFS, but also increasingly among external stakeholders, such as legal partners. Respondents from both within and outside of DCFS overwhelmingly appeared to agree regarding the goals of reducing foster care and keeping children in the home, as long as they could do so safely."

Discussions during national strategic planning meetings with Court Improvement partners led to further discussion about ways to have statewide impact through our unique roles in keeping children safe and strengthening parents' capacity to safely care for their children. The group concluded that this could best be done on a community level, such as replacing the statewide child welfare conference, targeted primarily to child welfare staff, with local child welfare conferences that include both child welfare agency staff and community members including families and partners. The Child Welfare Improvement Council added to the concept by suggesting that when identifying participants for community collaborative activities, participants are selected from the perspective of the family and who they need from the community to support them in being strengthened in safely caring for their children. The need to include family voice became very apparent in all these activities.

**Objective #4.1:** Review the primary prevention scope of activities and the extent it is integrated with the child welfare system, and review plans for the request for proposal for primary prevention services in preparation for the upcoming five-year procurement cycle.

Benchmarks / Time Period: Review primary prevention scope of system activities and services, the extent of integration with child welfare, and determine modifications needed for better integration by April 2020; review plans for RFP for primary prevention services by July 2020; implement modifications for better integration ongoing through 2024.

Updated Benchmarks / Time Period: Review primary prevention scope of system activities and services, the extent of integration with child welfare, and determine modifications needed for better integration by December 2020; review plans for RFP for primary prevention services by August 2020; implement modifications for better integration ongoing through 2024.

*Measures: 4.1.a. Review with prevention and child welfare system partners; 4.1.b. RFP issued, and new contracts established by January 2021*

### *APSR Update*

#### *Measure 4.1.a. and 4.1.b.*

Current primary prevention contracts are in place from January 2021 through June 2023. The current set of contracts were awarded for 2.5 years in duration, instead of the customary five years, to allow sufficient time for the Child Abuse Prevention Program Administrator to conduct a formal needs assessment. This assessment, being completed by the University of Utah College of Social Work SRI from April 2022 to June 2023, will examine various sources of quantitative and qualitative data, including participatory research with community stakeholders. The assessment will identify populations and areas of the state in greatest need of prevention services and will inform a strategic plan to guide service delivery for future years.

The Child Abuse Prevention Program Administrator continues to identify new ways to better integrate primary prevention services with the child welfare system. Efforts include:

- Utah was one of a few states chosen to participate in the Transformative Leaders for Thriving Families: Building a Public Health Approach to Child and Family Wellbeing Learning Community. Two administrators from DHHS participated in the learning community from August 2021 until March 2022.
- In 2021, the Child Abuse Prevention Program Administrator began attending virtual child welfare staff meetings throughout the state to educate staff on community-based prevention services, including home visiting, crisis and respite care, and parent resource and referral lines. Many child welfare workers have been unaware of these services and were grateful to expand their knowledge of available resources.
- The Child Abuse Prevention Program Administrator partnered with the CAPTA Program Administrator to examine and improve processes for developmental screening and referring families to Part C Early Intervention Services among CPS investigators. Please see CAPTA Program Area #6, Goal 6.4 for additional information.
- The most recent RGA for primary prevention services resulted in several new contracts for Parents as Teachers home visiting services. Parents as Teachers is also included in Utah's

FFPSA plan. The Child Abuse Prevention Program Administrator continues to invest in an expansion of this service to align services between the community and the child welfare population. As part of Utah's FFPSA Plan, the state recently awarded two new contracts for SafeCare services. The Prevention Program Administrator is considering expanding SafeCare as a primary prevention service in future years.

- The Child Abuse Prevention Program Administrator continues to support the state's 11 Family Support Centers in helping families from primary prevention through reunification and post-adoption. The Centers provide an uncommon blend of services for families, including crisis and respite care, parenting educational services, emergency shelter for youth in DCFS custody, and in-home respite for post-adopt families. This broad array of services brings unique challenges to the centers.
- In 2021, the Child Abuse Prevention Program Administrator was invited to participate on the Court Improvement Program Committee. This has been a good opportunity to build relationships with legal partners and begin educating them about primary prevention efforts happening in Utah. The Program Administrator and CIP Coordinator are collaborating to identify ways to continue shifting the courts toward a more prevention-focused system. The Program Administrator will be providing a formal presentation on prevention services to the CIP Committee in June 2022 and will be assisting the CIP Coordinator in identifying prevention-related topics for the August 2022 CIP Summit.

**Objective #4.2:** Implement activities at the local level to strengthen child welfare system integration and elevate a shared vision.

Benchmarks / Time Period: Identify goals, messaging, approach, and framework for integration activities by July 2020; conduct integration events ongoing through 2021.

*Measures: 4.2.a. # of CIP Webinar Series sessions completed; 4.2.b. # of individuals and organizations participating.*

### *APSR Update*

#### *Measure 4.2.a. and 4.2.b.*

DCFS Administration, in conjunction with legal partners, determined work for this objective would be completed statewide, rather than at the community level.

During FFY 2020, the Child Welfare and Legal Communities Core Principles document was developed.

#### *Child Welfare and Legal Communities Core Principles*

As Utah's child-welfare and legal communities work toward a fully integrated child-welfare system that is focused on best practices, both are united in their commitment to protecting children and

strengthening families. The following core principles reflect the overarching goals of child safety, wellbeing, and permanency.

1. Our interventions preserve and create safe family and community connections in ways that minimize loss, harm, and disruption.
2. Children and families receive early, intensive family engagement, advocacy, and access to services and supports.
3. All participants are empowered and valued within a trauma-informed environment that amplifies family voice.
4. Children and families are served by highly skilled professionals, including the judiciary, attorneys, child-welfare staff, foster parents, and other community partners.
5. All participants experience hearings and judicial orders that are consistent, of high quality, embody best practices, and afford all participants due process of law.
6. All participants are committed to providing families with an experience that is safety-driven, compassionate, transparent, and forward moving.
7. Our interventions in the lives of children and families will be effective and individualized regardless of race, ethnicity, religion, cultural heritage, country of origin, gender, sexual orientation, or socioeconomic status.

The seven core principles embody a collaborative, cross-system, statewide child-welfare transformation, supported by the following Utah child-welfare professionals:

- Board of Juvenile Court Judges
- Juvenile Court Improvement Program
- Office of Guardian ad Litem and Court Appointed Special Advocates
- Department of Health and Human Services
- Utah Attorney General's Office, Child Protection Division
- Parental Defense Alliance of Utah
- Division of Child and Family Services
- Lokken and Associates, P.C.

In August 2020, the Court Improvement Project bi-annual virtual summit was held. The summit provided a learning opportunity for child welfare and legal professionals and was designed to combine the court's summit with the annual DCFS Child Welfare Institute, continuing with the common vision of an integrated child welfare system with the courts and DCFS legal partners.

Following the combined summit/institute, a webinar series on Utah's Core Principles for a Fully Integrated Child-Welfare System was launched. The seven event webinar series was hosted by the Court Improvement Program as a follow-up to the 2020 CIP Summit and included presenters who were considered national experts in their respective fields. Direct client staff, supervisors, child

welfare administrators, and administrative staff took advantage of this opportunity to learn and grow from what has been and will continue to be a valuable collection of voices and perspectives.

In 2022, a CIP Virtual Summit was held. Presenters included representatives from the Children's Home Society of Washington, Collaborative Technical Assistance with the Center for Children and Family Futures, Sobriety Treatment and Recovery Teams at Children and Family Futures, Casey Family Programs, National Center on Family Group Decision Making at Kempe Center, Trauma Stewardship Institute, Center on Children and the Law, and more. Please see the table below for webinar topics and attendance data.

2022 Court Improvement Project Virtual Summit			
Date	Webinar Topic	Number of Participants	Organizations in Attendance
8/31/22	<i>Strengthening Family Engagement &amp; Reunifying</i>	535	DCFS, AAG, GAL, Parental Representation, Utah Foster Care, Caregivers
8/31/22	<i>Planning for Safety with Families with Substance Use Disorders</i>	558	DCFS, AAG, GAL, Parental Representation, Utah Foster Care, Caregivers
8/31/22	<i>Breakout Session: Meaningful Shelter &amp; Pre-Trial Hearings</i>	186	DCFS, AAG, GAL, Parental Representation, Utah Foster Care, Caregivers
8/31/22	<i>Breakout Session: Family Teaming</i>	233	DCFS, AAG, GAL, Parental Representation, Utah Foster Care, Caregivers
8/31/22	<i>Breakout Session: Promoting Best Practice for Concurrent Planning &amp; Beyond</i>	145	DCFS, AAG, GAL, Parental Representation, Utah Foster Care, Caregivers
8/31/22	<i>Our Identities Ourselves</i>	454	DCFS, AAG, GAL, Parental Representation, Utah Foster Care, Caregivers
9/1/22	<i>Breakout Session: FFPSA Prevention Services &amp; Supports</i>	105	DCFS, AAG, GAL, Parental Representation, Utah Foster Care, Caregivers
9/1/22	<i>Breakout Session: Legal Ethics for Attorneys Judge Bartholomew</i>	115	DCFS, AAG, GAL, Parental Representation, Utah Foster Care, Caregivers
9/1/22	<i>Breakout Session: Education &amp; Parental Involvement</i>	278	DCFS, AAG, GAL, Parental Representation, Utah Foster Care, Caregivers
9/1/22	<i>Breakout Session: Parental Involvement, Family Empowerment &amp; Working with Native American Families &amp; Tribes</i>	85	DCFS, AAG, GAL, Parental Representation, Utah Foster Care, Caregivers
9/1/22	<i>Transforming Trauma — The Age of Overwhelm</i>	473	DCFS, AAG, GAL, Parental Representation, UFC, Caregivers
9/1/22	<i>Kin-First Culture</i>	465	DCFS, AAG, GAL, Parental Representation, Utah Foster Care, Caregivers

**Objective #4.3:** Bolster family voice in their own child welfare experience through better teaming and incorporate family voice in collaborative activities shaping the community child welfare system.

Benchmarks / Time Period: Identify strategies to include family voice in collaborative activities by October 2019; implement strategies to engage families in collaborative activities by January 2020; strengthen value of family voice in teaming with regional staff as part of OE implementation by July 2021.

*Measures: 4.3.a. Develop system improvement efforts for which parental and youth input can be received; 4.3.b. CFSR+ system measures for engagement with parents and youth.*

#### *APSR Update*

During the past year, the following efforts were made to improve incorporation of parent and youth voice.

#### *Measure 4.3.a.*

DCFS has several current state-level projects that have incorporated people with lived experience. Additional work is needed to make this type of involvement more consistent at the administrative level.

A DCFS workgroup has explored what is the best way to access and compensate for this expertise. Exploration includes coordination at the DHHS level, as the department is doing similar work that will impact how DCFS moves forward. In the past FFY, the scope of work for lived experience was finalized and a rate of \$25.00 per hour was set. At present, the contract with state purchasing is being finalized.

The First Impression Project workgroup has focused on increasing family voice and engagement within the first 21 days of a case. To enhance understanding of the issues regarding robust teaming and engagement with families, several Peer Support-certified families (biological parents who were reunified with their children and have been peer-support trained) were invited to share their experiences and perspectives. This process has provided valuable information, as it has helped to determine what is most meaningful to families involved in child welfare systems. Please see APSR Update for Objective 1.1 to learn more about the work of First Impression and its implementation of model FAM Meetings, a new teaming model.

DCFS recognized the importance of taking EDIA into consideration when seeking the voices of lived experience.

In FFY 2020, DCFS created an internal Equity, Diversity, and Inclusion (EDI) Committee to review its policies, institutional structures, and internal and external barriers to communities of color and vulnerable and/or underserved populations. The EDI group consists of an internal workgroup with

representatives from each of the five regions and the state office. EDI is in the process of expanding to include an LGBTQ+ sub-group. The focus of these groups is to assess current policy and practice guidelines, provide resources and be contacts for regions as they conduct their work, provide support and direction for agency staff, and maintain current knowledge related to these areas. As areas of need/improvement are identified, DCFS EDI workgroups will include community partners and families from the larger community and from those who previously received or are currently receiving services through DCFS. In FFY 2021, DHHS changed the name of the Equity, Diversity, and Inclusion (EDI) Committee to the Equity, Diversity, Inclusion and Accessibility (EDIA) Committee.

In FFY 2022, the Sexual Orientation, Gender Identity, and Expression (SOGIE) group was formed. The group is chaired by a State Office administrator and includes representatives from each region. SOGIE meets monthly to explore ways to increase physical and psychological safety for the DCFS client and staff SOGIE population. This past year, SOGIE has provided a few short training courses during monthly DCFS Director Chats. The group is currently working on its strategic plan.

In FFY 2021, DCFS contracted with the University of Utah College of Social Work SRI to conduct research on equity, diversity, and inclusion within Utah's child welfare system. The *Evaluating Racial and Ethnic Disparity and Disproportionality Project* will also consider the impact of poverty and is described in more detail within the Evaluation and Research Activities APSR Update section. For more information, please see Attachment H. SRI IV-E Research – EDIA – SFY 2023 Interim Report – March 2023.

DCFS continues to support the YAC, which adds a much-needed youth voice to the child welfare system. The Adolescent Services Program Administrator regularly meets with the State YAC. Through the YAC, youth discuss issues that impact their lives and set goals and objectives that are designed to resolve problems they face. Additionally, with assistance from DCFS administrators, the YAC develops policies and procedures involving youth support.

To bolster representation of youth voices, in August 2021, DCFS added the position of Lived Experience Youth Voice – TAL Assistant Coordinator. This position works directly with the Adolescent Services Program Administrator and the Region Youth Councils to assist youth in using their voices to improve services for themselves and other youth in care. The TAL Assistant Coordinator provides expertise that can only be delivered by an individual with firsthand lived experience in the child welfare system. The position of TAL Assistant Coordinator continues to evolve as needs are identified.

Youth participate in panel discussions during Utah Foster Care Foundation's (UFC) foster and adoptive parent pre-service training. Youth also participate in UFC region in-service training courses, during which they provide a realistic accounting of their experiences in foster care, summarize the unique needs they encountered while in foster care, and encourage parents to consider fostering or adopting older children in the child welfare system.

Supported by DCFS policy, the DCFS Adolescent Services Program Administrator encourages caseworkers to empower youth to bring their concerns to their Child and Family Team Meetings (CFTM). Youth are reminded that their voice is important, and they may call a CFTM at any time at which they perceive a need. Youth do not need to wait for DCFS to request a meeting. DCFS provides support to youth to make sure that their voices are heard.

Youth meet annually with the DCFS Director to share their progress on youth-driven projects. Youth have and will continue to be encouraged to address the Child Welfare Legislative Oversight Panel and advocate for youth-driven policy change.

*Measure 4.3.b.*

CFSR+ system data from surveys designed to measure engagement with parents and parent satisfaction results are listed in the tables below.

The satisfaction indicator is a qualitative measurement of the child, parent/guardian, and substitute caregiver’s satisfaction with DCFS supports and services. Satisfaction is the degree to which the child and parents receiving services believe that services are appropriate for their needs, respectful of their views and privacy, convenient to receive, tolerable, and ultimately beneficial in effect.

Satisfaction <sup>1</sup>					
Standard	FFY				
	2018	2019	2020	2021	2022
70%	88%	88%	85%	90%	87%
<i>NOTE: <sup>1</sup> The 2022 review cycle ended in May 2022; the 2022 report will be available in August 2022 and will be included in next year’s APSR.</i>					

The engagement indicator is a qualitative measurement that focuses on the diligence of DCFS in taking actions to involve, engage, and build rapport with children and families, as well as overcoming barriers to participation, Engagement measures the agency’s demonstration of core conditions of genuineness, empathy, and respect. It also includes building on the strengths of the child and family and valuing their strengths, culture, views, and preferences. The goal of engagement is that the child, family and DCFS develop a mutually beneficial, trust-based working partnership.

Engagement <sup>1</sup>					
Standard	FFY				
	2018	2019	2020	2021	2022
70%	93%	92%	91%	93%	90%
<i>NOTE: <sup>1</sup> The 2022 review cycle ended in May 2022; the 2022 report will be available in August 2022 and will be included in next year’s APSR.</i>					

## Staff Training, Technical Assistance, and Evaluation

### *State Training Plan*

The Staff Development and Training Plan contained in the CFSP supports overall agency operations, and particularly supports frontline caseworker knowledge and skill development. Planned training activities encompass expected training needs to support the goals and objectives during the five-year plan period. The need for additional staff development and training will be assessed in more detail as work progresses.

### *APSR Update*

The first area of focus for training was new employee training. During FFYs 2020- 2022, in response to DCFS elevated turnover rate, the need to focus on rapid comprehensive professional development became acute. To accommodate the need for having a skilled workforce that is able to make critical decisions regarding child safety, permanency and wellbeing issues, new employee training is incorporating additional skills-based simulation experiences. This incorporation allows for professional development staff to coach new employees in a safe environment, prior to the new employees performing primary casework responsibilities. The coaching assists new employees in developing the skills necessary to engage with families, leverage child and family teams, assess a family's strengths and needs, and develop holistic plans that reflect the families' voice and choice.

At the end of FFY 2021, DCFS added a Social Service Worker II job title. For direct service staff to attain this job title they must hold a current Utah Social Service Worker License, be employed with DCFS for at least three years and complete the specific training criteria for years one, two, and three. Throughout SFY 2022 and into SFY 2023 these five trainings were offered at least six times each so all staff that qualified for the Social Service Worker II Job Title could attend and advance their knowledge to improve outcomes for families and children. For additional information on specific training criteria, please see Attachment E. Training Plan.

Beginning in SFY 2021 and continuing through SFY 2022, DCFS implemented Training Competencies to sections of New Employee Practice Model. The Training Competencies are behavioral statements of awareness, knowledge, or skills that will be achieved by the conclusion of training. These competencies were developed in conjunction with the University of Utah College of Social Work SRI, who plays an active role in improving our Practice Model training. Competencies have been developed for the following sections of Practice Model: Purposeful Contacts, Child Interviewing, Structured Decision Making (SDM) Safety and Risk Assessment, Utah Family and Children Engagement Tool (UFACET), Teaming, Child and Family Planning and Adult Engagement. At the conclusion of each of these training sections new employees complete a survey that asked about their knowledge of each training competency. Survey results are reviewed to determine if any additional education needs to be provided to the new employees to ensure they are confident in

their understanding of each competency for that training section. DCFS Training Team continues to collaborate with the University of Utah College of Social Work SRI to develop caseworker job competencies for new employees that can be measured and/or observed in their first year to assess their ability to perform a skill in the field. These are being developed in conjunction with a more robust coaching plan for employees in their first few years of employment with DCFS.

### *Technical Assistance*

As part of implementation planning for each goal and objective, specific needs for technical assistance (TA) for regional staff will be identified. TA will be provided through state office staff or through regional staff who have been trained to provide the needed TA support. Additional resources outside of DCFS will be utilized to support the implementation of goals and objectives, when needed. For example, FFPSA workgroup support, which includes individuals outside of DCFS, will be utilized to provide TA to regional staff as components of that legislation are implemented. Similarly, DCFS will access TA to support its efforts to achieve the goals and objectives of the CFSP, as needed. Support was provided by the Capacity Building Center for States (CBCS) as Utah finalized its PIP, which is also closely associated with CFSP goals. Support by the CBCS will continue, as the group assists DCFS investigate its placement stability data and how it varies from the federal data.

In addition, TA will be accessed from the Children's Bureau and from partner organizations, such as Casey Family Programs, or from other states, particularly around goals and objectives related to FFPSA implementation.

### *APSR Update*

Casey Family Programs and Children's Bureau webinars have been primary sources of TA during the plan period. Additionally, the Children's Bureau Regional Office has continued to be a valued source of technical assistance for the PIP, implementation of congregate care and prevention program provisions of the Family First Prevention Services Act, and other Title IV-E and federal program activities. The state office has continued to provide ongoing support to regions for the FAM initiative, as well as for ongoing agency practice and operations. This support will continue for the foreseeable future. Please refer to the above CFSP Goals section for technical assistance specifically associated with CFSP goals.

### *Evaluation and Research Activities*

DCFS has continued its partnership with local universities on several research projects that relate to the CFSP. For example, studies were completed for an in-home parent skills-based training program and a kinship navigator program. Another study is helping DCFS analyze child fatalities and near fatalities, which supports the plan requirements under FFPSA. An additional study was completed analyzing the CARA components of the Child Abuse Prevention and Treatment Act, to inform how to

strengthen supports to children born to mothers using substances. Additional evaluation activities are helping with in-depth analysis of foster care, such as conditions leading to foster care that will inform our efforts to keep children safely at home and reduce the time children are in foster care.

### *APSR Update*

In the past year, progress continued to be made in research and evaluation activities related to the implementation of the Family First Prevention Services Act. The evaluation completed by SRI on the Families First program, an in-home parent's skills model developed and implemented by Utah Youth Village, was successfully added to Utah's Title IV-E plan. Initially the service was approved as well-supported through the independent, systematic review process. Subsequently, this program was determined to be well-supported by the Title IV-E Prevention Services Clearinghouse.

In FFY 2021, DCFS contracted with the University of Utah College of Social Work SRI to conduct research on equity, diversity, and inclusion within Utah's child welfare system. The Evaluating Racial and Ethnic Disparity and Disproportionality Project will also consider the impact of poverty. DCFS is working closely with SRI to investigate and evaluate the degree of racial and ethnic disproportionality and disparity for families receiving DCFS services. A variety of racial, ethnic, and socioeconomic indicators will be used to describe the flow of services throughout the child welfare system as well as outcomes related to child welfare. By taking the initiative to investigate systemic racism within child welfare, DCFS will learn from and respond to disproportionality and disparities to ensure that all children and families are receiving supportive and fair services that are racially inclusive, just, and equitable. The research and work being done through SRI will include ongoing workgroups and interviews with agency staff, community partners, and families. All will lend their voices to help guide SRI's process and how DCFS incorporates this work and lessons learned into its practice.

DCFS is contracting with the University of Utah College of Social Work SRI for a second kinship navigator program study of Grandfamilies. The purpose of this evaluation is to determine if the program meets evidence-based criteria required under the FFPSA Prevention Program. The initial study was unsuccessful in meeting the level of evidence needed by the Clearinghouse due to the inability to show equivalence in the ages of the control and treatment groups. The contract for the new study uses a similar design to that used for the Families First UYV study, with the study primarily utilizing SAFE (CCWIS) administrative data to measure outcomes for the treatment and comparison groups. The first phase of the evaluation will be a feasibility study, to determine if there is sufficient data to conduct an analysis. If the first phase is successful, the full study will be completed to compare outcomes for DCFS families receiving kinship navigator services from Grandfamilies and those families not receiving Grandfamilies services.

In addition, SRI is conducting a qualitative needs assessment for child abuse and neglect services at the community level throughout the state. This study is jointly being funded by American Rescue

Plan Act funds under CAPTA and CBACP.

## **Implementation Supports**

Implementation supports are critical components of an implementation science approach to program improvement. As each goal and objective is addressed under the CFSP, specific implementation supports and timeline for completion of those supports will be identified. These supports may include staffing capacity, training and coaching, financing, data systems, policies, physical space, and memoranda of understanding with tribes, other agencies, and organizations.

## IV. QUALITY ASSURANCE SYSTEM

### *APSR Update*

#### Overview

DCFS is a continuous quality improvement (CQI) agency committed to elevating the effectiveness of child welfare services and improving outcomes for children and families. CQI is a foundational part of the Division's work in implementing new programs and practices to help keep children safe and strengthen families. DCFS maintains a Quality Assurance (QA) review process to help evaluate, monitor, and adjust its system in a way that helps children and families be successful.

#### Enhancements in CQI/QA Capacity

A significant enhancement to Utah's CQI/QA efforts and capacity began in August 2022 with the implementation of Utah's new CFSR+ qualitative case review process. The CFSR+ is a hybrid tool created from a combination of the CFSR onsite review instrument (OSRI) and two elements of Utah's former Qualitative Case Review (QCR) process. The two QCR elements that constitute the "+" of CFSR+ are Teaming and Satisfaction. DCFS and the DHHS Office of Services Review (OSR) collaborated on the tool creation. Scoring of teaming and satisfaction indicators were updated to match the rating criteria of the CFSR. This significant change in DCFS qualitative reviews has produced some positive feedback from regions who prefer one review instrument. Region staff have also provided positive feedback regarding the new review tool's focus on agency "concerted efforts" in evaluating performance. The CFSR+ process is expected to help DCFS better prepare for CFSR Round 4.

DHHS Executive Leadership incorporated Results-Based Accountability (RBA) into its management of practice and operations. The RBA approach and framework guides the thinking, measurement, and improvement of population well-being, as demonstrated in agency performance in producing clientele and population results and outcomes in fulfillment of the Division's mission. During the past year, DCFS administration significantly enhanced its RBA Strategic Plan, which includes key strategies, tactics, and indicators related to DCFS priorities and key areas of practice. Performance measures for each of the RBA plan objectives serve as a CQI/QA of key priorities, projects, and practice. The CQI Team leads DCFS RBA Strategic Plan oversight and maintenance.

The CQI Team continues to serve as DCFS representatives in collaborating with other states and jurisdictions as part of the national child welfare CQI/QA community. This collaboration assists in developing and disseminating the best thinking regarding continuous quality improvement processes in child welfare, including sharing emerging ideas and established processes between states and jurisdictions. CQI team members represent DCFS as a member of the federal Capacity

Building Center for States CQI/CFSR Managers constituency group. Team members also participate in the Casey Family Programs Child Welfare Data Leaders (CWDL) Continuous Quality Improvement Subgroup and the Casey Family Programs CWDL CQI Federal Subgroup. Projects and areas of focus during FFY 2022 included new AFCARS submission requirements and preparation for Round 4 of the CFSR.

## Using CQI/QA to Revise Goals and Interventions

DCFS has a well-established rigorous CQI/QA review process for evaluating the quality of services provided to children and families. These CQI/QA processes identify areas in which the state is performing well and areas of need in which there are opportunities for practice improvement. Each of the CQI/QA reviews includes a comprehensive report that allows for monitoring and tracking specific items by office, region, and state. DHHS OSR conducts each of the formal CQI/QA reviews, in collaboration with DCFS.

Utah's two primary CQI/QA reviews are:

- The Case Process Review (CPR), which measures compliance with policy, state statute, and federal law. The CPR results in quantitative data indicating how often documentation provides evidence of tasks completed.
- CFSR+, which is an interview-based, outcomes-focused review that measures outcomes for children and families and provides a qualitative assessment of DCFS services. CFSR+ assesses both internal DCFS practice and system functioning, which can include stakeholders such as schools, courts, and other external agencies.

## Using CQI/QA to Measure Progress

Utah's CQI/QA reviews are designed to help measure the quality of services by determining the impact those services have on child and family outcomes and functioning, as well as the effectiveness of processes and practice.

Utah's CPR and CFSR+ provide systematic monitoring and evaluation, generating outcome measures that track progress and performance over time. This helps to identify areas in which the system is performing well and areas in which it needs practice improvement. Each of these measures include standards of quality that help gauge system performance.

The federal OSRI is the foundational instrument in the state's CFSR+ qualitative case review process. The OSRI instrument and instructions are used to guide reviewers in their information gathering on items necessary to complete CFSR+ case review. Information gathered from case-specific interviews

of key informants and a review of the case record is entered into the Online Monitoring System (OMS).

Throughout FFY 2022, Utah's CFSR+ process and Program Improvement Plan (PIP) have been instrumental in evaluating and tracking the Division's progress on practice improvement. On March 2, 2023, DCFS received official federal notification that it had successfully completed its PIP, which had been developed and implemented as a result of the state's federal CFSR.

The CQI team continues to maintain responsibility for developing individualized CQI plans for DCFS projects and initiatives, as part of the Project Management Team. This is done in collaboration with the Program Implementation and Region Support Teams through utilization of Implementation Science principles. Individualized CQI project plans also include collaboration with the Data Analytics Team, which utilizes data-driven processes for setting goals, planning, implementing, and measuring whether the project or initiative is producing the desired result. This process enhances the Division's ability to perform data and trends analysis and help produce meaningful reports that are actionable. Each individualized project CQI developed includes tracking and data reporting mechanisms to measure progress. New project-specific data reports continue to be created by the Data team, which allows for deeper analysis, including fidelity, effectiveness, and outcomes of an initiative.

As project specific CQI plans are initiated, the CQI administrators will complete periodic CQI reports regarding project data analysis, performance, and outcomes. CQI reports are developed and shared with the statewide Practice Improvement Coordinators (PICs) workgroup. As a project moves to a level of being incorporated into practice, the PIC group helps to monitor for sustaining practice and any concerning trends that may arise. The CQI Team completes CQI reports on new and well-established projects. For example, a CQI report was updated on the Parent Child SUD Residential project. Results indicate the program continues to do well and is producing positive outcomes for children and parents. Another example is the recently completed CQI report on a new Intake online reporting option. The report tracked the volume of Intake referrals over time and the positive impact the online option had on caller wait times. For more information, please see Attachment F. Parent Child in a Residential Substance Use Treatment Program CQI Report and Attachment G Intake CQI Report.

## Feedback Loops

Providing and obtaining feedback are essential elements of Utah's CQI/QA processes. Feedback loops help promote circular feedback and communication among all levels of the agency, external stakeholders, and decision-makers. This includes sharing data and information associated with change initiatives as well as QA reviews of practice and child and family outcomes.

One way that DCFS receives feedback from community partners and stakeholders is through CFSR stakeholder interviews. As part of the CFSR+ process, OSR interviews community stakeholders,

community agencies, and representatives from all levels of DCFS region staff. OSR uses the CFSR stakeholder interview guide to facilitate the CFSR stakeholder interviews. Findings and conclusions from the stakeholder interviews look for trends or themes at the local or state level that can be used to help shape current initiatives or future project planning.

Another effort to obtain direct feedback from families who received agency services is through CFSR satisfaction surveys. As part of each case review, CFSR reviewers are required to use a formal satisfaction survey to gather feedback from mothers, fathers, caregivers, and children over age 12. The satisfaction survey includes the use of scaling questions to assess a family member's level of agreement with statements such as, "My circumstances are better now than before, or they are getting better because of services/supports." To help elicit additional individualized feedback based on the family's lived experience, reviewers also ask the following open-ended question, "What was the most satisfying/least satisfying in working with DCFS?" Reviewers enter satisfaction surveys into a Google survey format, which allows for review and analysis of the survey results. Feedback is shared with state and region level administrators.

Utah's CQI/QA process highly values frontline caseworkers and supervisors as the true experts and relies on these professionals for feedback. To bolster the CQI process, frontline caseworkers and supervisors actively engage in assessing the outcomes of practices, programs, and policies, and in making adjustments. Some of the CQI plans developed for individual projects contain a mechanism for ongoing surveys and feedback sessions from frontline caseworkers and supervisors to assess how the project is performing and its impact on staff. Adjustments are made based on the identified needs of frontline staff.

As part of the CQI process for individual projects, surveys have been expanded to include children and families. Individual surveys are sent to all family members and other family supports that participate in Family Action Meetings (FAM). Survey results are shared with regional staff at First Impression pilot sites and with state administration. Survey results help to assess the families' experience and improve the effectiveness of the FAM process. The FAM project has been incorporated into the DCFS Strategic Results Based Accountability (RBA) Plan and the family survey results are used as one of the performance measures in the DCFS RBA Plan.

The findings of two key QA processes, the CFSR and CPR, are reported annually to key oversight stakeholders, including the Child Welfare Legislative Oversight Panel (CWLOP), the statewide Child Welfare Improvement Council (CWIC), and regional Quality Improvement Committees (QIC). This is an important source of data and information for the committees to use in providing oversight and making recommendations to DCFS. The CWIC includes representatives from partner agencies, community members, legal partners, community service providers, foster parents, foster care alumni, medical service providers, business owners in the community, and DCFS administration. CWIC uses the QA information to make recommendations to region and state office administrators about the child welfare system and practice. CWIC has been involved with the development of the

PIP and will be involved with implementation. DCFS also has a working relationship with the Utah Court Improvement Project (CIP); DCFS requested this committee explore and coordinate issues regarding permanency and other court challenges related to the CFSR findings. Members of the CWIC, QIC, and CIP are regularly encouraged to participate in the CFSR review process as co-reviewers. Many members participate in the reviews, which strengthens their involvement in the CQI process.

## **Sustaining the State CFSR Case Review Process**

During FFY 2023, Utah's CFSR+ review process has been fully implemented in the current statewide review cycle. The Federal OSRI instrument serves as the foundational tool for the reviews. This has helped reviewers and staff to continue to become more familiar with the CFSR items and ratings. DCFS has been using the CFSR Round 3 OSRI while continuing its work on successfully completing the PIP from the 2018 onsite CFSR review. Now that DCFS has successfully completed its PIP, DCFS and OSR will transition to the updated Round 4 OSRI instrument. This will help Utah prepare for participation in Round 4 of the federal onsite CFSR.

DCFS and OSR continue to work together to maintain a sufficient pool of trained and certified CFSR reviewers, which contributes to the sustainability of the internal review process. DCFS and OSR have worked to expand the pool of effective CFSR reviewers by training and transitioning some certified QCR reviewers to CFSR reviewers. The sustainability of Utah's case review process is further bolstered by the case QA process for ensuring accurate and consistent case review ratings. OSR and the DCFS CQI Team conduct initial and secondary case QA. The QA staff have completed online CFSR state training and have had ongoing practice in QA on the OSRI. Most have participated in the onsite CFSR as site leads or QA staff. Utah's CFSR QA at the initial and secondary levels continues to be enhanced through the ongoing Secondary Oversight provided by federal partners. Federal secondary oversight has also provided regular online coaching and question-and-answer sessions. Federal oversight has been very timely and responsive to the mentoring needs of Utah QA staff.

## V. SERVICE DESCRIPTIONS

*APSR Update*

### Child and Family Services Continuum

The publicly funded child and family services continuum includes the services listed below. These services are further described in the Service Description section.

- Child Abuse Prevention Services, including but not limited to local family support centers/crisis nurseries, are provided through community-based organizations and funded with CBCAP funds, Children's Account (Children's Trust) funds, and state general funds.
- Child Protective Services Intake and Assessments are provided in response to reports of abuse or neglect.
- In-Home Services are provided to families in response to the occurrence of child abuse and neglect include case management, family preservation, family support activities, and in-home parent skills-based training services. In-Home Services allow for access to mental-health and other wrap services.
- Foster Care Services are provided to families in response to the occurrence of child abuse and neglect. These services include case management, foster family homes, and contracted services such as child placing foster care and residential treatment. Services may also include mental-health services for children in care and other wrap services. Medical and dental care is also accessed for these children, typically through Medicaid.
- Kinship Care may be a component of in-home or foster care services. Kinship Care includes case management and care of children in foster care as licensed or unlicensed foster parents or care of children who are under custody and guardianship of a kin caregiver. Services may also include mental health and other wrap services. Medical and dental care is also accessed for these children when in foster care, typically through Medicaid.
- Reunification Services are considered part of foster care and include case management. Reunification may include access to in-home parent skills-based training services as well as access to mental health and other wrap services for parents.
- Adoption and Guardianship Services provide subsidies and supports to adoptive parents and guardians of children who have been in foster care.
- Transition to Adult Living Services are provided to youth in foster care as well as former foster youth and include Chafee Services and Education and Training Vouchers.
- Domestic Violence Services are also under DCFS responsibility and are closely related to child welfare services. These services include domestic violence shelters and other community-based supports.

## Service Coordination

DCFS coordinates services with partners in a variety of ways. DCFS state office and regional staff have strong state and local level partnerships and coordinate services both within and outside of the Department of Health and Human Services (DHHS).

Within DHHS, DCFS partners with the Division of Juvenile Justice and Youth Services (JJYS) and with the Division of Services for People with Disabilities (DSPD) for services for youth. DCFS also partners and coordinates services with the Office of Substance Use and Mental Health (OSUMH), formerly the Division of Substance Abuse and Mental Health (DSAMH), for services for children and adults and will continue this partnership in development and implementation of services under FFPSA. DCFS also coordinates with other DHHS offices to coordinate services for children and adults for behavioral health and medical services for children in foster care and for families served in the home.

Outside of DHHS, state-level public and private agency partners include the Department of Workforce Services (DWS) to coordinate access to Medicaid eligibility and specified relative grants. DCFS actively partners with the CJA grantee, and it also serves as a member of the CIP committee and works closely and frequently with CIP staff. The State Office of Education provides coordination of educational services for children in foster care. The Division also coordinates with a variety of educational, medical, and community service partners as vital members of Child and Family Teams for individual families.

Other partners include:

- The United Way.  
This organization developed DHHS specific information and a referral portal under the 211 system, which also facilitates user connection to community prevention and supportive services providers for families.
- Prevention and supportive service partners.  
These partners include Help Me Grow, Prevent Child Abuse Utah, and the Association of Families Support Centers (coordinate crisis nursery and family support services), among others.
- The Youth Provider's Association.  
This association coordinates placement and mental health services for children in custody and in-home services.
- The Utah Domestic Violence Coalition.  
This coalition coordinates shelter and support services to victims of domestic violence and their children.

## Service Descriptions

### A Fully Integrated Child Welfare System

#### *Prevention Services*

Prevention of child abuse and neglect is a focus of DCFS through the support of community programs. Significant efforts are being made to align the operation of community-based child abuse and neglect prevention programs across the state. Overall, the focus is on utilizing prevention best practices through integrating protective factors into programs and communities, sufficient infrastructure, connection to the prevention network, including and empowering parents and hearing parent voice, professional development and technical support, evaluation and data, and policy. Efforts are being made to focus on special populations, including but not limited to youth at risk of homelessness and tribal communities. Prevention services funded through contracts include parenting classes, evidence-based home visitation programs, statewide community and school-based education presentations, support to grandparents raising grandchildren, and 17 crisis nurseries in 11 Family Support Centers located across the state.

#### *Child Protective Services*

Child Protective Services (CPS) is a short-term intervention to assess children's safety in response to reports of abuse, neglect and/or dependency and to initiate interventions, when needed. Services are provided to keep children in the home and families intact whenever safely possible. The primary purpose of CPS is to assess the child's safety. CPS will also assess future risk of abuse and/or neglect for the child and gather information about the strengths and needs of the family. This allows the caseworker, family, family supports and community professionals to determine what services, if any, will be the most effective in ensuring safety and reducing risk for the child. When a report alleging child abuse and neglect is made to the 24-hour Intake hotline, Intake caseworkers and supervisors determine if the report meets the statutory definition of child abuse, neglect or dependency that requires a formal CPS assessment. The CPS assessment will include the following:

- Interviews with the child, the child's parent(s) or guardian(s), and alleged perpetrator(s).
- Contact with the individual who made the initial report of abuse or neglect, any friends, relatives, or professionals that may provide relevant information regarding the family.
- A visit to the family's home.
- A review of any necessary documents, including DCFS case history, medical reports, and police reports, etc.
- At the completion of the CPS assessment, a finding of supported or unsupported will be made for each allegation on the case and a determination made about the need for continuing services to maintain child safety.

## ***In-Home Services***

A primary value for Child and Family Services is that children should remain in the home whenever safely possible. In-Home Services keep children who have been assessed to be at risk of abuse and neglect safely with their families, when safety concerns can be addressed. In addition to case management, examples of services provided may include parent supports, child safety plan development, parenting skills training, conflict resolution and problem-solving skills training, protective factors education, and community resources such as mental health or substance use treatment services. Services may be provided voluntarily or through court order and may vary in intensity based on family need.

## ***Foster Care and Reunification Services***

Foster Care is a temporary intervention for children who are unable to remain safely in their homes. Once a child is placed in the custody of Child and Family Services, the goal is to provide a safe, stable, and loving environment until children can be safely reunited with their family. DCFS must consider placement with a non-custodial parent, relative, friend or former foster parent before considering other placements. Children in foster care may live with relatives or with unrelated foster parents. Foster care can also refer to placement settings such as group homes, residential care facilities, emergency shelters, and supervised independent living apartments.

DCFS utilizes an evidence-based functional assessment tool to determine the recommended level of care for children in foster care, referred to as the Utah Family and Children Engagement Tool (UFACET). The UFACET has a built-in algorithm that utilizes identified patterns of need to determine an appropriate level of care for the child and identifies needs for services for the child and parents or other caregivers. Foster care placement may include foster family homes licensed by the DHHS DLBC, which are most often used. It may also include child-placing foster care or proctor care when foster homes are not available or when siblings of a child in proctor care are placed together. Children with severe emotional or behavioral difficulties who cannot be cared for in traditional family settings because of a need for more intensive supervision and treatment may be placed in residential treatment programs through contracts with licensed providers.

Reunification services for parents or other primary caregivers may include referral for community-based services such as mental health or substance-use disorder treatment, parenting skills training, and other skills development and supports. Parents may also receive transportation supports or assistance to obtain public benefits, housing supports, educational services, domestic violence services, or assistance with other needs to help them prepare to have children safely return home.

## ***Kinship Care***

The first priority for DCFS is to maintain the child safely at home. If a child cannot safely remain at home, kinship care has the potential for providing the elements of permanency by virtue of the kinship caregiver's knowledge of and relationship with the family and child. Kinship Care allows a child to stay in the care of a family member or friend who is willing to meet the child's needs, including working with the child's parents or guardian so the child can return home, or providing a permanent home for the child, in the event the child cannot return home.

When selecting a placement for a child in the custody of DCFS, preferential consideration is given to Kinship Care, which includes a noncustodial parent, relative, or friend of the parent or guardian, as established in law and subject to the child's best interests. The Division makes active efforts to locate and engage potential kinship caregivers for placement and to build and sustain family connections for the child.

In cases where reasonable efforts to reunify the child and parent are not successful, custody or adoption by a kinship caregiver is pursued. Kinship placements can include relatives and non-relatives if the non-relative is a friend of the family. A relative is an adult who is a grandparent, great grandparent, aunt, great aunt, uncle, great uncle, brother-in-law, sister-in-law, stepparent, first cousin, stepsibling, or sibling of the child, or relative as defined by ICWA. A friend is an adult the child knows and is comfortable with. A friend does not meet the definition of a relative of the child as defined in Utah Code 78A-6-307 and may be an extended relative of the child that is not included in the definition of relative. Child and Family Services will consider placement with a friend if one is designated by the custodial parent or legal guardian of the child, or the child has designated a friend for placement and is of sufficient maturity to articulate their wishes regarding placement.

## ***Transition to Adult Living (TAL)***

Transition to Adult Living (TAL) services are delivered to youth who have experienced foster care at age 14 or older and are described in detail in the Chafee section of the plan. TAL services focus on:

- Transitional services
- Building meaningful, permanent connections with a caring adult
- Developmentally appropriate activities
- Positive youth development
- Experiential learning opportunities

TAL provides these youth with financial, housing, counseling, employment, education, and other appropriate support and services to complement their own efforts. Former foster care recipients between 18 and 23 years old are eligible for Chafee aftercare services, if they were adopted or

obtained legal guardianship after their 16th birthday or aged out of foster care between the ages of 18 and 21.

### ***Adoption and Guardianship Services***

All children deserve safety and a permanent and loving family. When children are unable to safely return to their parent(s), adoption and guardianship services are used to find a family that meets the needs of the child. Adoption Services support children who cannot reunify safely with their family. Children may be adopted by relatives, families who fostered them, or other families seeking to provide a loving home for the child or may receive supports through permanent custody and guardianship. Children who are adopted may receive adoption assistance. In limited circumstances, guardianship assistance may be provided to non-relative caregivers granted permanent custody and guardianship of a child. Post-adoption services are also available.

### ***Domestic Violence Services***

The impact of domestic violence causes harm to adults and children. Children and families experiencing domestic violence may receive services through child welfare programs and domestic violence programs. Domestic Violence Services funding is provided through DCFS to help support domestic violence shelters, outreach services, therapy for those who have been affected, education and other resources, including the state's domestic violence hotline: 1-800-897-5465. Connecting adults and children affected by domestic violence to trauma-informed services enhances stability, safety, and permanency. Domestic violence services provided by local shelter and treatment programs with federal and state funding through DCFS include:

- 16 domestic violence shelters (one state-owned and 15 non-profits)
- Trauma-informed therapy
- Financial planning
- Safety planning
- Assistance with protective orders and other legal assistance
- LINKLine domestic violence crisis hotline
- Lethality Assessment Protocol (LAP) program utilized by law enforcement and victims' advocates to assist and educate victims
- Trauma-focused treatment for both survivors and offenders
- HOMESAFE program that assists domestic violence survivors in obtaining safe housing

## **Stephanie Tubbs Jones Child Welfare Services Program (Title IV-B, Part 1)**

### *APSR Update*

Since the submission of the 2020-2024 CFSP, there are no substantive changes to report. Updates are listed below.

### **Services to be Funded under IV-B Part 1**

Title IV-B Part 1 funds will be utilized for services described under Services Descriptions, particularly to support a range of casework activities that support at-risk families through services which allow children to remain safely with their families or return to their families, where appropriate; to promote safety, permanence, and wellbeing of children in foster care and adoptive families; and promoting child safety, strengthening of protective factors within families, and preventing neglect, abuse, and exploitation of children.

### **Services for Children Adopted from Other Countries**

Utah passed new legislation in 2017 to better address the needs of children adopted from other countries. Pre-placement training is now required for adoptive parents and includes how trauma and fetal drug and alcohol exposure affects a child's development and consequent behaviors. DCFS coordinates with private adoption agencies to help them identify parent training and community treatment options.

As special needs arise, DCFS provides adoptive families who have adopted children from other countries with referrals to appropriate community resources. If a family is struggling and the adopted child is at risk of coming into foster care, DCFS will provide in-home services. Services include a clinical assessment and any of the family preservation services included as part of In-home Services. DCFS can also help the parent assess mental health support or residential treatment options that meet the parents' income needs or are available through private insurance.

Parents with children adopted from another country can access the [www.utahadopt.org](http://www.utahadopt.org) website 24 hours per day. The website is updated regularly and contains several beneficial resources, including parent support groups and cultural awareness activities. The website also includes a lending library, which has a variety of books and tapes that address special issues related to intercountry adoptions. Parents of children adopted from other countries are also invited to attend annual adoption conferences. Numerous workshops focus on cultural sensitivity, and all are relevant to families adopting children from other countries.

APSR Update

FFY 2017-2022 data is presented in the table below.

<b>Children Adopted from Other Countries Who Entered Foster Care<sup>1</sup></b>				
<b>FFY</b>	<b>Placement Agency</b>	<b>Country of Origin</b>	<b>Reason for Disruption/Dissolution</b>	<b>Status/Plan for the Child</b>
2017	None Involved	Nicaragua	Mental Illness/Treatment	Individualized Permanency
2017	Unknown	Samoa	Delinquent Behavior	Reunification
2017	Unknown	Russia	Mental Illness/Treatment	Individualized Permanency
2017	Wasatch Int. Adoptions	Haiti	Mental Health/Behavioral Issues	Adoption
2017	Int. Adoption Net	Ethiopia	Mental Health/Behavioral Issues	Reunification
2017	Private Adoption	Ukraine	Mental Health/Behavioral Issues	Reunification
2018	Unknown	Samoa	Physical Abuse	Reunification
2018	Unknown	Samoa	Physical Abuse	Individualized Permanency
2019	Unknown	Ukraine	Neglect	Reunification
2019	For Every Child	Africa	Dependency	Guardianship (non-relative)
2019	Unknown	Ukraine	Neglect	Reunification
2019	Unknown	Ukraine	Neglect	Reunification
2019	Unknown	Ukraine	Abandonment	Reunification
2020	Private adoption	Unknown	Ungovernable	Reunification
2020	LDS Adoption Services	Ethiopia	Adoptive Failure Non-State	Guardianship (non-relative)
2021	No Foreign Adoptions			
2022	No Foreign Adoptions			

*NOTE: <sup>1</sup> Each row represents one child.*

## Services for Children under the Age of Five

### *APSR Services for Children under the Age of Five Update*

Since the submission of the 2020-2024 CFSP, there are no substantive changes to report. FFY 2018-2022 data is presented in the tables at the end of the section.

DCFS seeks to actively address the developmental needs of all vulnerable children under age 5 who are receiving Title IV-E or Title IV-B in-home or community-based services.

An assessment of developmental needs is completed for every child receiving in-home and foster care services using the Utah Family and Children Engagement Tool (UFACET). The UFACET is a CANS-based assessment completed with the family early in the case to identify needs that guide the development of the child and family plan and service interventions. Each child in the home is assessed individually. Updated UFACETs are used to track the child's progress over time.

Every UFACET includes a developmental item that is rated individually for each child. The developmental item is a screener question. When it is scored as needing action or needing immediate action, there are breakout questions that further assess the child's cognitive, developmental, and communication needs: (1) cognitive development such as intellectual functioning in areas of focus, reasoning, thinking and perception; (2) developmental delays such as Down syndrome, autism, or physical impairments; (3) communication such as receptive and expressive communication or the ability to speak, write or sign to communicate.

When a developmental item on the UFACET has been identified as an area needing action, a referral is made for a more in-depth assessment and service. Further assessments may include an Ages and Stages Questionnaire (ASQ), medical testing, IQ testing, or neuropsychological evaluation. Based on the UFACET and the follow up assessments, the child will be connected to intervention services such as Head Start, Division of Services for People with Disabilities (DSPD) or other community-based early intervention programs. If the assessed need negatively impacts the child's school performance, the caseworker will engage the child's education team for creation of an Individualized Education Program (IEP) or Behavior Education Program (BEP) to meet the child's needs.

Practice guidelines address timeliness of the initial assessment of child's developmental needs as well on ongoing assessment of the child's progress through time frames for completion, which include:

- Prior to finalization of an initial or subsequent Child and Family Plan
- When changes in the family make it necessary for modification of services
- Prior to case closure, unless one has been completed within the last 30 days

Utah's Practice Guidelines also require that any UFACET item identified as needing action be incorporated and addressed in the Child and Family Plan.

For children who enter foster care, additional screening tools, the ASQ and the ASQ-Social Emotional (ASQ-SE) are used to follow the developmental progress for children under age five. Primary care physicians follow developmental progress for infants. Foster parents of children four months to five years of age receive an ASQ and ASQ-SE to be completed based on the following schedule of the child's age: 4, 6, 8, 10, 12, 14, 16, 18, 20, 22, 24, 27, 30, 33, 36, 42, 48, 54, and 60 months. The ASQ and ASQ-SE are used for children 4 months to 36 months to determine the need for further developmental and mental health assessment. For children ages 37 months to 60 months, the ASQ and ASQ-SE are used in determining the need for further mental health assessment. The ASQ and ASQ-SE are completed with the child by the current out-of-home caregiver. Upon completion, the questionnaires are sent back to the Fostering Healthy Children (FHC) nurse to be scored. If a child scores below the recommended level, FHC staff coordinate a referral for appropriate services.

DCFS actively seeks to reduce the length of time that young children under age five are in foster care and without a permanent family. Utah defines a "child without a permanent family" as a child in DCFS custody whose parents' rights have been terminated by court order. Efforts are made to reunify children with their parents as early as is safe for the child. While workers provide reunification services, they also identify a concurrent permanency goal, which includes active efforts to identify a permanent family for the child if reunification is not successful.

To gain permanency for a child under five whose parents' rights have been terminated and for whom a permanent family has not been identified, a permanency worker, with the assistance of the placement committee, will:

- Ask the child's caretakers at their placement if they want to adopt the child, if the caretaker has not already committed to adopting.
- Seek kin who may want to pursue a kinship adoption.
- Survey licensed foster-to-adopt families for their interest in adopting the child.
- List the child on the Adoption Exchange website.
- Place information about the child on the AdoptUSKids website.

The tables below display FFY 2018-2022 demographic, permanency goal, and permanency outcome data for children under age five served through foster care or in-home services.

<b>Gender of Children Under Five Served in Foster Care and In-Home (PSC, PSS, PFP, PFR)</b>					
Gender	FFY 2018	FFY 2019	FFY 2020	FFY 2021	FFY 2022
Male	828	812	737	745	633
Female	801	743	632	594	571
TOTAL Children Under Five	1,629	1,555	1,369	1,339	1,204

<b>Race and Ethnicity of Children Under Five Served in Foster Care and In-Home (PSC, PSS, PFP, PFR)</b>										
Race	FFY 2018		FFY 2019		FFY 2020		FFY 2021		FFY 2022	
	Count	Percent	Count	Count	Count	Percent	Count	Percent	Count	Percent
American Indian or Alaska Native	92	5.6%	76	4.9%	76	5.6%	79	5.9%	61	5.1%
Asian	18	1.1%	18	1.2%	14	1.0%	16	1.2%	11	0.9%
Black or African American	92	5.6%	102	6.6%	110	8.0%	98	7.3%	95	7.9%
Multiracial, Other Race Not Known	29	1.8%	34	2.2%	29	2.1%	35	2.6%	39	3.2%
Native Hawaiian/ Pacific Islander	23	1.4%	33	2.1%	24	1.8%	24	1.8%	28	2.3%
Unable to Determine	2	0.1%	6	0.4%	1	0.1%	5	0.4%	4	0.3%
White	1,474	90.5%	1,406	90.4%	1228	89.7%	1191	88.9%	1081	89.8%
TOTAL Children Under Five	1,629		1,555		1,369		1,339		1,204	
Hispanic Origin or Latino	329	20.2%	371	23.9%	353	25.8%	361	27.0%	314	26.1%

Permanency Goal for Children Under Five in Foster Care on the Last Day of the Federal Fiscal Year										
Permanency Goal	FFY 2018		FFY 2019		FFY 2020		FFY 2021		FFY 2022	
	Count	Percent								
Reunification	311	63.2%	259	55.1%	311	63.2%	259	55.1%	390	67.7%
Adoption	180	36.6%	207	44.0%	180	36.6%	207	44.0%	183	31.8%
Guardianship (relative)	2	0.4%	1	0.2%	4	0.9%	1	0.2%	3	0.5%
Guardianship (non-relative) <sup>1</sup>	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
TOTAL Children Under Five	547		492		470		451		576	

*NOTE: <sup>1</sup> Guardianship with a non-relative is not a permanency goal for children under five, thus the count and percent for this category is listed as zero.*

Permanency for Children Under Age Five Percent Exiting by Permanency Reason and Average Months in Custody										
FFY	Reunification		Adoption		Custody Guardianship to a Relative		Custody Guardianship to a Non-Relative		Other	
	Percent	Average Months	Percent	Average Months	Percent	Percent	Percent	Average Months	Percent	Average Months
2018	36.0%	10	51.5%	11	7.7%	4	0.3%	16	4.4%	3
2019	44.4%	10	39.2%	13	11.6%	6	0.9%	3	3.9%	1
2020	42.4%	10	40.2%	15	13.2%	6	0.4%	9	3.8%	1
2021	43.2%	10	39.3%	17	12.7%	8	0.3%	2	4.5%	2
2022	40.6%	10	47.3%	18	8.2%	7	0.0%	0	3.8%	1
5-Year Average		10		14.8		6.2		6		1.6

Over the last five years, when parental rights are terminated and a child in custody under age 5 becomes eligible for adoption, the average length of time it takes for the child to be adopted is 14.8 months. If reunification is the appropriate permanency goal, the average time it takes a child to be reunified with their parents is 10 months. If custody guardianship to a relative is the child's permanency goal, the average length of time is 6.2 months and to a non-relative is 6 months.

## Efforts to Track and Prevent Child Maltreatment Deaths

### *APSR Update*

#### *Steps to Compile Complete and Accurate Information on Child Maltreatment Deaths Reported to National Child Abuse and Neglect Data System*

DCFS obtains information on child maltreatment deaths through a variety of sources. DHHS Office of Services Review Continuous Quality Improvement (OSR) conducts fatality reviews on clients served by DCFS. A DHHS Fatality Review Coordinator gathers information on child deaths through the Department of Health and Human Services Certificates of Death for all children between the ages of birth and 21 years who die in the State of Utah. The Fatality Review Coordinator determines if the deceased child or their family have received services through DHHS within 12 months of the child's death. All deaths that meet these criteria are reviewed, regardless of whether they were due to maltreatment or were natural or accidental. The DHHS Fatality Review Coordinator also gathers additional information on fatalities from the Department of Health and Human Services death reviews, the Office of the Medical Examiner, and the Office of Vital Records and Statistics.

If DCFS becomes aware of a child fatality or near-fatality, it sends notice to the DHHS Fatality Review Coordinator within 7 days. If a child is in DCFS custody but residing in a placement outside of Utah, it is expected that the caregiver will inform DCFS of the death or the ICPC or courtesy worker in the receiving state will notify DCFS of the death. When notified, the caseworker or ICPC Administrator completes a Deceased Client Report and submits it to the DHHS Fatality Review Coordinator for review.

The CCWIS system includes a data field where information is entered indicating a child died by maltreatment. These entries are reviewed quarterly for accuracy and submitted to the DCFS Safety Administrator, who serves as the DCFS Fatality Review Coordinator, to ensure notification has been made. Any entries that appear to not meet the standard are reviewed by a program expert who may consult with the caseworker's supervisor to determine if the entry is accurate.

Historically, DCFS has not had a process for capturing and reporting child maltreatment fatalities if there were no surviving siblings and/or no history with the agency. The DCFS Safety Administrator ensures this information is added to the agency file so that it can be appropriately reported to the National Child Abuse and Neglect Data System (NCANDS).

A DHHS Fatality Review Coordinator regularly follows up with the Medical Examiner's Office and law enforcement on fatalities in which the cause of death was pending a final report from the Medical Examiner or there was an ongoing investigation by law enforcement. The DHHS Fatality Review Coordinator will notify the DCFS Safety Administrator if the coordinator obtains confirmation that a

prior death was due to maltreatment. This information is reported in the agency file as part of the NCANDS submission.

### *Steps to Develop and Implement a Comprehensive Statewide Plan to Prevent Child Maltreatment Fatalities*

#### Improvements to the DHHS Fatality Review Process

The DHHS Child Fatality Review Committee (CFRC) has a plan for improvements to the review process. Information on the current process and planned improvements are listed below.

All child deaths in which DCFS services have been provided within the past 12 months are reviewed by CFRC, which is led by a DHHS Fatality Review Coordinator.

A DHHS Fatality Review Coordinator examines several documents when reviewing each death. These documents include:

- Autopsy reports provided by the medical examiner
- Deceased client reports provided by divisions within DHHS
- Office of the Medical Examiner infant/child death notices
- Child death decedent information reports provided by University of Utah Medical Center
- Newspaper obituaries
- Police/Sheriff reports, when applicable
- Decedent's DCFS case file

A DHHS Fatality Review Coordinator prepares a summary of the case. The case summary is provided, along with the information listed above, to members of the CFRC. The CFRC is a multidisciplinary review team that has representatives from the following entities:

- Law enforcement
- Safe and Healthy Families (child abuse and neglect pediatrician)
- Office of the Guardian ad Litem
- Office of the Attorney General
- Risk Management
- Child Welfare Program Experts
- DCFS State and Region Administration
- DCFS Safety Administrator

The DCFS Safety Administrator attends each review and ensures the child's date of death, demographic information, risk factors, perpetrator relationship, and other relevant data have been

correctly entered into the DCFS CCWIS system. Confidentiality forms are updated and reviewed by legal counsel. All committee members sign new forms prior to participation.

The fatality report is reviewed, and case practice is analyzed by the CFRC to determine if there are areas for improvement within DCFS or the broader child welfare system. Reports are forwarded to the appropriate DHHS agencies for review and response to recommendations made by CFRC.

The CFRC, in partnership with Collaborative Safety experts, provides a formal training to all new and current fatality review members. This training is required prior to participation on the committee. Completion of the training better ensures members understand the objectives of the review and helps support an analysis of the child welfare system components that may have interacted with the child and family. The training also helps committee members understand that the review process includes a focus on identifying areas for systemic improvement. Training for review committee members was completed in December 2020.

The CFRC also reviews near fatalities. Near fatalities are brought to the attention of the CFRC through notification from frontline child welfare workforce who submit a critical incident notification form or by running a SAFE (CCWIS) report upon case closure.

OSR conducts regular systemic reviews. The purpose of the reviews is to provide an opportunity for members of the CFRC to more closely review systemic barriers and gaps that emerge as concerns during fatality reviews. This review process provides an opportunity for further analysis and exploration of ways to positively influence child abuse and fatality prevention strategies. To strengthen the feedback loop, at each meeting, DCFS provides an update on actions taken and follows through on CFRC's recommendations. OSR maintains a database that includes all recommendations made to DHHS agencies and tracks implementation.

OSR and DCFS consulted with a leading expert in safety science to explore other ways to improve and enhance the effectiveness of Utah's child fatality review process. DHHS also contracted with the University of Utah College of Social Work SRI to conduct a retrospective review of all fatalities that occurred in a 5-year period (2014 - 2019). This review was completed at the end of summer 2019. Information from the review was shared as part of the quarterly CFRC Systemic Review. The retrospective review results were provided to DCFS administration in October 2019. The review results were shared with additional DCFS leadership and continue to be a resource for DCFS, as further discussions are held regarding child fatalities.

Implementation of this fatality review process was completed in October 2020. OSR and DCFS completed training all DCFS staff on the Collaborative Safety Model in December 2020. The Collaborative Safety team will continue to provide technical assistance to OSR and DCFS through the remainder of their contract with DHHS.

Appropriate agreements are in place to support a robust process for data sharing. The DHHS Fatality Review Coordinator and DCFS representatives participate in DHHS Death Reviews, where information from each agency is shared.

DCFS provides the lists of attendees that participate in the DHHS Death Review Committees to the Utah Attorney General's Office for review. This process has been staffed with DCFS legal counsel and approved. A member from the Attorney General's Office also participates in the review committee.

#### *Additional Committees that Review Fatalities and Recommend Systemic Improvements*

OSR produces an annual report that is shared with the public and is presented to the Child Welfare Legislative Oversight Panel (CWLOP) at a special legislative hearing. Panel members receive copies of the fatality and near-fatality reviews for the past state fiscal year. The hearing is closed to the public while cases are discussed, questions are answered, and panel recommendations are made.

In response to recommendations from the CWLOP, the CFRC has expanded its view of accidental deaths to explore whether these deaths are more appropriately viewed as neglect deaths.

At the end of FFY 2019, to prevent accidental or unintentional fatalities, DCFS began using a new "toolbox" of resources. The toolboxes were made available to CPS workers for their use throughout the state. The toolboxes include providing families with lockboxes for ammunition and medication, gun locks, and Pack n' Plays for parents of newborns. During FFY 2022, DCFS continued to use the new toolbox statewide. CPS workers are also required to complete a safe sleep assessment for all infants in the home and educate parents on safe sleep.

In response to an increase in youth who die by suicide, DCFS expanded requirements for use of the suicide screener. By the end of calendar year 2019, caseworkers were equipped to conduct a suicide screener on all children ages 10 and older who are involved in a Child Protective Services assessment. In addition to the suicide screener completed by the Child Protective Services worker, the suicide screener is required to be completed during the ongoing caseworker's first home visit. The suicide screener must also be completed in conjunction with the UFACET, which is required to be updated at least every six months. The suicide screener is also completed whenever there is a concern that a child is experiencing suicidal ideations.

A Continuous Quality Improvement plan was developed to ensure the suicide screener is being used to fidelity. Monthly data reports are provided to DCFS frontline supervisors throughout the state indicating which cases did and did not have a suicide screener completed. These supervisors are expected to review the information with their staff to ensure compliance with the practice. In addition, in FFY 2022, the DCFS CQI Administrator and Safety Administrator conducted monthly quality assurance checks on randomly selected cases. This CQI process has continued into FFY 2023.

The DCFS Plan to Prevent Child Abuse and Neglect Fatalities, Near Fatalities, and Death by Suicide was updated in May 2023.

## **CARES Act Supplemental Title IV-B Subpart 1 Funds**

Utah received \$631,809 as granted under P.L. 116-136, Title VIII of Division B of the Coronavirus Aid, Relief, and Economic Security Act (CARES Act), which provided supplemental title IV-B, subpart 1 funds to prevent, prepare for, or respond to, coronavirus in a manner consistent with the purposes of title IV-B, subpart 1, found in section 421 of the Act. Funding was available for the period of January 10, 2020, through September 30, 2021. Utah used funding to respond to the pandemic, with an overall vision of ensuring the safety, permanency, and wellbeing of children in families involved in the child welfare system during the COVID-19 pandemic.

Funds were used primarily in two categories, direct client support and workforce support.

### *Direct Client Support*

The majority of funds were used to provide direct client support, with an emphasis on kin caregivers. The COVID-19 Title IV-B Part 1 funds supported 443 children and their kin caregivers. Funding for direct client support was available to:

- Provide concrete assistance to families for a variety of temporary needs that may be faced in the pandemic environment, with an emphasis on providing support to enable children to remain safely at home and not enter foster care. Concrete supports have been provided to clients in all regions. Examples of types of support provided include:
  - Rent or mortgage payments
  - Utilities, including internet service
  - Groceries, including food delivery, when needed
  - Items for individual basic needs, such as clothing or diapers
  - Household supplies
  - Personal protective equipment (PPE)
- Technology equipment for the participation in remote case activities
- Provide supplemental payments to foster and proctor parents and for emergency shelter providers for taking new placements of children known to have exposure, symptoms, or a positive test for COVID-19 or for children exposed to and having a positive test for COVID-19 due to in-person parent child time.

### *Workforce Support*

Funds were also used to support DCFS workforce. Funding for workforce support was available to:

- Provide differential shift pay and health benefits to staff in critical roles where exposure or quarantine of clients was required, such as Christmas Box House children's shelter.

Differential pay was provided to seven staff who work in three different regions. Health insurance benefits were also provided to five part-time staff at the Christmas Box House.

- Purchase PPE and cleaning supplies for staff. PPE was provided for staff in all offices statewide.
- Provide necessary equipment to support staff who have moved to teleworking, such as laptop computers, tablets, headsets, cameras, etc.

## **Promoting Safe and Stable Families Program (Title IV-B, Subpart 2)**

### *APSR Update*

Changes to the 2020-2024 CFSP and prior APSRs are contained in the narrative text below and FFYs 2018-2022 data is presented in the associated tables.

## **Promoting Safe and Stable Families (PSSF) Service Descriptions**

### ***Family Preservation Services***

Family Preservation Services help parents safely care for their children in the home as well as help stabilize families with children who have returned home from foster care. Most of the Family Preservation Services funding is allocated to the five DCFS regions, which in turn use funds for flexible funding to families requiring services or supports that help those families keep their children safely in their homes. Examples of services paid for using these flexible funds include:

- Mental health and substance abuse treatment and post-treatment supports.
- Wrap-around services that address mental health and educational needs.
- Funding for transportation of family members to school, work, or medical appointments.
- Concrete supports for basic living needs, such as housing deposits, rent payments, utilities, groceries, or basic household essentials.
- In-home parenting services.

Family Preservation Services funding is also used to support an In-Home Program Administrator who is responsible for overseeing in-home services activities in the state and to support child welfare system improvement efforts.

The approval for use of Family Preservation Services flexible funds is currently administered at the regional level. In all five regions, caseworkers work with their supervisors to develop a specific request for services and then submit that request to a designated financial manager or review committee, who either approves or rejects the request.

<b>Individuals Served Utilizing PSSF Family Preservation Funding</b>		
FFY	Individuals	Number of Payments
2018	589	1,145
2019	559	1,034
2020	805	1,798
2021	992	2,480
2022	723	1,887

### ***Family Support Services***

Family Support Services funding is used exclusively to pay for Families First, which provides intensive in-home intervention services available in each of the five DCFS regions, though not necessarily to all communities in each region. Provided by Utah Youth Village through a contract with DCFS, Families First services are designed to teach parenting skills in the home to parents of children who are at risk of abuse or neglect or with behavioral concerns, based on a need to strengthen family functioning capacities. The Families First program, as reported by the California Evidence-Based Clearinghouse, “utilizes the Risk, Need, and Responsivity Model for intervention with at-risk youth and families through 3-4 home visits per week totaling 6-10 hours per week, typically lasting 10-12 weeks. Individual responsivity factors are assessed to tailor the intervention to the youth and family.” The youth’s specific risk factors related to the home environment (e.g., parental relationships, supervision, structure, discipline, etc.) and the social environment (e.g., peer associations, community involvement, relationships, etc.) are targeted.

Families First has been added to Utah’s Title IV-E Prevention Plan, rated as well-supported through independent systematic review under the Transitional Payments for the Title IV-E Prevention and Family Services and Programs process, per ACYF-CB-19-06. Utah will continue to reassess the need for funding this service through PSSF Family Support Services.

<b>Individuals Served Utilizing PSSF Family Support Funding</b>		
FFY	Individuals	Number of Payments
2018	284	742
2019	368	1,046
2020	381	1,205
2021	278	791
2022	356	1,060

## Family Reunification Services

Since October 2018, the period for providing PSSF family reunification services was shifted to allow for reunification services during a foster care placement or for up to 15 months after the child is returned home from foster care, in accordance with changes made under the Family First Prevention Services Act. The formula for allocation of funds to regions is based on the proportion of children in foster care in each region that has a goal of reunification. Services provided using these funds primarily include:

- Individual, group, and family counseling or other mental health services for parents or foster children.
- Inpatient, residential, or outpatient substance abuse treatment services for parents or foster children, including initial fees and costs associated with drug courts and testing.
- Services to provide temporary protective childcare or other therapeutic services.
- Assistance to address domestic violence treatment or other needs for services.
- In-home parent skills training services, such as peer parent.
- Transportation to or from services and activities listed above.

The approval process for use of Family Reunification Services funds is the same as that used for approval for use of Family Preservation Services flexible funds.

For FFYs 2018-2022 data on number of individuals served utilizing PSSF Family Reunification Funding and number of payments, please see the table below.

Individuals Served Utilizing PSSF Family Reunification Funding		
FFY	Individuals	Number of Payments
2018	537	1,117
2019	547	1,501
2020	404	1,248
2021	378	1,194
2022	426	1,527

## Adoption Promotion and Support Services

The Adoption Program primarily uses Adoption Promotion and Support Services funding to:

- Help pay for special services delivered to adoptive children and their families, including parenting skills training and others supports to help adoptive families deal with the high cost of services for a child with special needs.

- Pay for travel and education expenses for adoptive parents who attend seminars or conferences that educate parents about the specialized needs of adoptive children.
- Provide training to adoptive parents or regional adoption staff through state level or regional level adoption conferences.
- Help with care and supervision costs when adopted children need out-of-home treatment.
- Pay for hourly, weekly, or monthly respite care for adoptive families.

For FFYs 2018-2022 data on the number of individuals receiving concrete support and other services utilizing PSSF Adoption Promotion and Support Funding and on the number of payments, please see the table below.

<b>Individuals Served Utilizing PSSF Adoption Promotion and Support Funding</b>		
FFY	Number of Individuals	Number of Payments
2018	274	516
2019	259	505
2020	236	451
2021	208	300
2022	278	514

For SFY 2022 data on Adoption Respite Services provided, please see table below.

<b>SFY 2022 Adoption Respite Services</b>	
<b>Number of Individuals Served</b>	
Unduplicated Number of Adopted Children Served Ages 0-11	483
Unduplicated Number of Adopted Youth Served Ages 12-18	136
Unduplicated Number of Adoptive Families Served	289
<b>Number of Services Provided</b>	
Number of Adoption Respite Services Provided in the Home	680
Number of Adoption Respite Services Provided at a Family Support Center	1092
TOTAL Number of Adoption Respite Services Provided	1,459
<b>Number of Service Hours</b>	
Number of Hours of Adoption Respite Services Provided in the Home	3,302
Number of Hours of Adoption Respite Services Provided at a Family Support Center	3,635
TOTAL Number of Hours of Adoption Respite Services Provided	6,187

## **Service Decision-Making Process for Family Support Services**

### *APSR Update*

Since the submission of the 2020-2024 CFSP, there has been no change in how funding under the family support services category is being used; however, steps are being taken to expand to an additional community-based service targeted to parents with disabilities.

During implementation of Utah's IV-E waiver demonstration project, a decision was made by the project implementation team to utilize the Family Support Services category of Promoting Safe and Stable Families as a foundation for statewide expansion of an evidence-based, community-based service that helps strengthen families and prevent child entry into foster care. This program, known as Families First, provides in-home parent skills training by certified paraprofessionals using the Teaching Family model. Stakeholder feedback has supported continuation of this service with PSSF Family Support funding.

In the past year, Utah Youth Village's Families First service was approved for addition to Utah's Title IV-E Prevention Program Plan and was rated as well-supported by the Title IV-E Prevention Services Clearinghouse. In the coming year, we will be analyzing the extent to which funding under PSSF Family Support is still needed on behalf of families for whom the Families First service is still appropriate but does not meet the prevention candidate criteria. This will help us identify the extent to which funding can be made available for other community services.

One additional service is being added that will be funded with PSSF Family Support Services grant funds. DCFS has taken steps to contract for an In-Home Adaptive Parenting Service and expects to fully implement this service in the coming months. This service will be provided in the home of the parent/guardian or caregiver (or "on site" with the parent/guardian or caregiver in the community). The 90-to-120-minute sessions will be targeted towards lower functioning parents (who have some form of disability). The service includes skill building and coaching that is focused on general parenting skills for parents, guardians, and primary caregivers in cases where traditional parenting classes may be ineffective. Assessments are performed at the beginning of the service period that inform the provider what areas of their pre-developed curriculum they should focus on with the client. The curriculum covers parenting topics such as (a) maintaining the home in a clean, sanitary and safe living environment, (b) child care and supervision, (c) nutrition and meal preparation (d) basic first aid, (e) discipline, (f) developmental milestones and educational needs of children, (g) daily living skills, (h) managing finances, (i) basic medical management, (j) self-advocacy skills, including instruction and consultation on ways to be as self-sufficient and independent as possible, (k) social skills development, and (l) identifying, building and maintaining natural supports.

## **Expenditure of Promoting Safe and Stable Family Funding**

To support the DCFS priority to invest in services upfront to prevent entry of children into foster care, the bulk of PSSF funding will be allocated to the Family Preservation category. Funding for the other three categories will be allocated at 20% so each will meet the significant portion requirements. DCFS plans to expend PSSF funding as follows:

<b>PSSF Funding Distribution</b>	
<b>Service Category</b>	<b>Percentage</b>
Family Support	20%
Family Preservation	40%
Adoption	20%
Reunification	20%

### **Supplemental PSSF Funding Authorized by the “Supporting Foster Youth and Families through the Pandemic Act”**

In accordance with Program Instruction 21-04, following is a description of the planned use of additional PSSF funding granted under the Consolidated Appropriations Act, 2021, P.L. 116-260, enacted into law on December 27, 2020, Division X, The Supporting Foster Youth and Families through the Pandemic Act.

Supplemental PSSF funding under the public health emergency will be used for the same purposes as the annual PSSF grant to strengthen and preserve families. The four purposes and the percentage of funds that will be allocated for each category is listed below.

- Community-based family support services – 20%
- Family preservation services – 40%
- Family reunification services – 20%
- Adoption promotion and support services – 20%

All the supplemental funding will be utilized to support service efforts to families. None of the supplemental funding will be utilized for administration or for other service-related activities, such as planning.

## **Populations at Greatest Risk of Maltreatment**

### *APSR Update*

DCFS uses qualitative and quantitative data to track needs and adapt its services provided to children and families. This includes qualitative and quantitative data indicators that assist in identifying at-risk populations within the system. Administrators and region supervisors

analyze local team, office, and regional data to best identify areas of concern or areas in need of improvement. At least quarterly, DCFS State Office data and practice improvement staff meet with regional practice improvement coordinators to ensure the most current data is being analyzed and steps are taken to identify areas in need of attention.

DCFS uses many tools, data sources, and external resources to best identify populations at greatest risk of maltreatment. Current existing state and federal statute, rules, guidelines, qualitative and quantitative review outcomes, ongoing internal data measures, contracted services through the University of Utah College of Social Work SRI, and community committee input all contribute to identification and ongoing assessment of the most vulnerable of populations. Sources and assessments include:

- *CFSR+*  
In SFY2023, Utah made the Federal Onsite Review Instrument and Child and Family Service Review procedure the primary qualitative review tools and format. Utah retained some unique measures from the Qualitative Case Review (QCR) tool that had been in place for the past two decades, preserving the Client Satisfaction Survey and Teaming measure. All other QCR Indicators were deemed to be sufficiently comparable to OSRI Items. The CFSR+ (which is the name of the combined CFSR and QCR, is administered by the DHHS Division of Continuous Quality and Improvement (CQI). CQI operates independently from DCFS, promoting independent evaluation of child welfare system performance. the performance of the child welfare system.
- *Case Process Review (CPR)*  
Conducted annually by CQI , this review is quantitative, helping identify basic and necessary areas of practice that need to be monitored.
- *Child and Family Services Review (CFSR)*  
Conducted periodically by the Children’s Bureau, the goals are to ensure conformity with federal child welfare requirements, determine what is happening to children and families as they are engaged in child welfare services, and assist states in helping children and families achieve positive outcomes.
- *Adoption and Foster Care Analysis and Reporting System (AFCARS)*  
Collecting information from state and tribal Title IV-E agencies, this system provides information on all children in foster care and those who have been adopted with the Title IV-E agency involvement. DCFS is required to submit AFCARS data twice a year, based on two 6-month reporting periods. The AFCARS review process assists in identifying problems, investigating the causes, and suggesting solutions.

- *National Child Abuse and Neglect Data Systems (NCANDS)*  
NCANDS is a voluntary data collection system that gathers information from all states about child abuse and neglect. The Utah DCFS state contact works closely with the Children’s Bureau and the NCANDS technical team to uphold high-quality standards associated with NCANDS data. NCANDS data are a critical source of information for many publications, reports, child welfare personnel, researchers, and others. Data is also used to measure performance and is an integral part of the CFSR and the Child Welfare Outcomes: Report to Congress.
- *Utah Children.org – Kids Count Data Center*  
Kids Count is a national and state-by-state effort to track the status of children in the United States funded by Annie E. Casey Foundation and Voices for Utah Children, which provides statistical data on the education, health, and economic wellbeing of children and their families. Utah’s use of this data informs data-driven decisions to provide a better future for Utah children and families.
- *University of Utah College of Social Work Social Research Institute*  
SRI is a local partner contracted with DCFS to gather and analyze a variety of system information. Details regarding its analysis of a 2018 study are outlined in the next section.
- *Internal Data Sources*  
These include an extensive reporting database in SAFE. Data, including demographic information, is gathered on a regular basis, and is used at the state, region, and office levels to help inform ongoing practice.

### ***University of Utah SRI Factors that Influence a Child Entering Foster Care***

In 2018, DCFS contracted with the University of Utah SRI to conduct an analysis of DCFS SDM assessments to understand what factors influence whether a child enters foster care due to supported abuse or neglect. This was a one-time study; therefore, there is not an update to provide. However, the data analyzation continues to inform Utah’s work in child welfare; thus, it is included in this report. Data analyzation yielded the following information regarding vulnerable populations:

#### *Caregiver Substance Abuse*

- Households with caregivers experiencing substance abuse constitute a threat to safety and are associated with a host of other risk factors. These include a history of prior investigations and/or receipt of services, mental or behavioral health issues, immediate needs not being met, inability to protect, lack of caregiver attention, unsafe living conditions, homelessness, drug-exposed infants, emotional/physical harm, and a history of domestic violence.

- In over 35% of supported CPS cases, it was determined that caregiver substance abuse was a risk in the home, and this abuse puts a child at more than 10 times the risk of being removed.
- When children are returned home after having been removed due to caregiver substance abuse, 27% of caregivers have a new supported CPS allegation within 12 months.
- Sixty-five percent of children who come into foster care are from households that have substance abuse present (54% drug abuse only, 6% drug and alcohol abuse, 5% alcohol abuse only).
- Caregiver substance abuse is the most commonly reported threat to safety.

### *Neglect*

- Households where children experience neglect have many other associated risk factors. These include caretaker drug and/or alcohol abuse, child abandonment, physical/sexual abuse, child behavioral issues, domestic violence, caretaker coping issues, child drug abuse, and inadequate housing.
- When children come into foster care due to allegations of neglect, they spend an average of 75 additional days in the system.
- Children who experience neglect are 10 times more likely to be removed from the home.

When neglect is present in a home and the caregiver is inconsistent in meeting the needs of the child, the risk of removal greatly increases. Abuse in the home increases child removal odds when one or both primary caregivers are domineering.

Assessment of Structured Decision Making (SDM) outcomes show a strong correlation between several child vulnerabilities and increased odds of removal. These vulnerabilities include being a child under five years of age (which accounts for 37% of all CPS victims), in isolated situations, with significant medical and mental health diagnoses, with diminished development or cognition, or with diminished physical capacity.

Homes consistent with safety services, including services provided by DCFS, are associated with caregivers who acknowledge there is a problem and are willing to work with the agency to achieve resolution. Additionally, it has been found that individuals from these homes often have greater supportive relationships.

### ***Most Vulnerable***

Through the analyses of data from these sources, DCFS has identified the populations most vulnerable to abuse and neglect. These populations include:

- Children who are under the age of five.
- Children who have a disability or special healthcare needs.

- Children who have a developmental delay.
- Children who are nonverbal.
- Children who have a sentinel injury.
- Children who are isolated from their local community.
- Children who have a high risk of death by suicide.
- Children who have a caregiver who is using substances or abusing alcohol.
- Children who have a caregiver who displays an inability to protect.
- Children who have a caregiver who inconsistently responds to their child’s needs.
- Children who live in a household with a history of CPS investigations.

*Response*

For information regarding the DCFS response, please see APSR Section III. Update to the Plan for Enacting the State’s Vision and Progress Made to Improve Outcomes, Goal #1.

**Gender, Race, and Ethnicity**

When analyzing demographic information for populations at greatest risk of maltreatment, the below indicators are present.

In Utah, 51% of the youth population is male and 49% of the youth population is female; however, females make up 54.8% of the population of alleged victims while males make up 45.1% of alleged victims. In CPS investigations females make up 56.5% of all substantiated victims while males make up 43.4% of all substantiated victims. Therefore, there are more males in the populations, but females are more likely to be alleged victims and more likely to be confirmed victims of maltreatment.

Please see the table below for the SFY 2022 percentage of alleged victims and substantiated victims by race.

SFY 2022 Alleged and Substantiated Victims by Race		
Race	Percent of all Alleged Victims	Percent of all Confirmed victims
White	89.6%	89.0%
Black	5.3%	5.6%
AI/AN	2.7%	3.5%
Pacific Islander	2.7%	3.1%
Asian	1.4%	1.4%
Unknown	1.7%	1.1%
<p><i>Note: One child may identify as more than one race; therefore, the sum of percentages will not equal 100%</i></p>		

Please see the table below for the SFY 2022 percentage of alleged victims and substantiated victims by ethnicity.

SFY 2022 Alleged and Substantiated Victims by Ethnicity		
Ethnicity	Percent of all Alleged Victims	Percent of all Confirmed Victims
Non-Hispanic	75.8%	73.7%
Hispanic	22.6%	24.9%
Undetermined	1.5%	1.5%

Please see the table below for the DCFS FFY 2022 data for race and ethnicity of children served in foster care and the total child population data for the state as presented by Kids Count Data Center, calendar year 2021.

Race and Ethnicity of Children Served in Foster Care				
Race	DCFS FFY 2022		Kids Count Data Calendar Year 2021	
	Foster Care Child Count <sup>1</sup>	Percent <sup>2</sup>	Utah Child Count	Percent <sup>4</sup>
American Indian or Alaska Native	185	5.2%	8,052	1%
Asian	53	1.5%	17,468	2%
Black or African American	271	7.6%	11,503	1%
Multiracial, Other Race Unknown	80	2.2%	36,253	4%
Native Hawaiian/Other Pacific Islander	84	2.3%	11,250	1%
Unable to Determine <sup>3</sup>	13	0.4%		
White	3,185	88.7%	687,961	73.0%
TOTAL SERVED DCFS <sup>4,5</sup>	3,589	107.9%		
Hispanic Origin or Latino <sup>5</sup>	913	25.4%	174,756	18%
TOTAL KIDS COUNT			947,243	100.00%

NOTES: <sup>1</sup> All child counts are distinct (unduplicated). <sup>2</sup> The Percent of children in each race group is calculated on the distinct count of children served during each FFY. <sup>3</sup> Kids Count Data does not include this category. <sup>4</sup> One child may identify as more than one race; therefore, the sum of percentages will not equal 100%. DCFS data counts Hispanic/Latino as a part of the total, whereas Kids Count data counts Hispanic Latino as a separate race category.

### Response

In FFY 2020, DCFS created an internal Equity, Diversity, and Inclusion (EDI) Committee to review its policies, institutional structures, and internal and external barriers to communities of color and vulnerable and/or underserved populations. The EDI group consists of an internal workgroup with representatives from each of the five regions and the state office. EDI is in the process of expanding

to include an LGBTQ+ sub-group. The focus of these groups is to assess current policy and practice guidelines, provide resources and be contacts for regions as they conduct their work, provide support and direction for agency staff, and maintain current knowledge related to these areas. As areas of need/improvement are identified, DCFS EDI workgroups will include community partners and families from the larger community and from those who previously received or are currently receiving services through DCFS. The DCFS EDI Committee will also work closely with and receive support from the newly formed DHHS Employee EDI Council.

In FFY 2021, DCFS contracted with the University of Utah College of Social Work SRI to conduct research on equity, diversity, and inclusion within Utah’s child welfare system. The *Evaluating Racial and Ethnic Disparity and Disproportionality Project* will also consider the impact of poverty and is described in more detail within the Evaluation and Research Activities APSR Update. For more information, please see Attachment H. SRI IV-E Research – EDIA – SFY 2023 Interim Report – March 2023. High Population and Low Population Counties in Utah

As presented in *Utah Children.org – Kids Count Data Center 2021*, Salt Lake, Utah, Weber, and Davis counties have the state’s highest populations.

The FFYs 2018-2022 CPS supported cases for child maltreatment in these counties is as follows:

Supported Victims in Utah Highest Child Population Counties					
County	FFY 2018	FFY 2019	FFY 2020	FFY 2021	FFY 2022
Salt Lake	3,679	3,928	3,795	3,440	3236
Utah	1,421	1,572	1,258	1,347	1438
Davis	890	885	918	876	755
Weber	1,156	1,146	1,146	994	993

FFYs 2018-2022, Maltreatment/1,000 children data for these same counties is as follows:

Utah Highest Population Counties Maltreatment/1,000 Children					
County	FFY 2018	FFY 2019	FFY 2020	FFY 2021	FFY 2022
Salt Lake	11.8	12.7	12.2	11.0	10.4
Utah	7.1	7.9	6.3	6.6	7.0
Davis	8	8.0	8.3	7.8	6.7
Weber	16.3	16.2	16.2	13.9	13.9

As presented in *Utah Children.org – Kids Count Data Center 2021*, Uintah, Carbon, and Grand counties have some of the state’s lowest populations.

In FFYs 2018-2022 CPS supported cases for child maltreatment in these counties is as follows:

Supported Victims in Utah Lower Child Population Counties					
County	FFY 2018	FFY 2019	FFY 2020	FFY 2021	FFY 2022
Uintah	330	283	226	244	200
Carbon	84	127	106	85	89
Grand	54	46	40	43	45

FFYs 2018-2022, Maltreatment/1,000 children data for these same counties is as follows:

Utah Lowest Population Counties Maltreatment/1,000 Children					
County	FFY 2018	FFY 2019	FFY 2020	FFY 2021	FFY 2022
Uintah	26.9	23	18.4	20.3	16.6
Carbon	15.4	23.3	19.4	16.0	16.7
Grand	25.5	21.7	18.9	21.2	22.2

### Response

Timely practice review and data analysis are an ongoing occurrence in smaller counties to determine the reason for increased substantiated/supported maltreatment. The answer, however, is complicated and can include such factors as distance between worker and child and/or increased reporting of abuse in smaller counties. DCFS anticipates that the *Evaluating Racial and Ethnic Disparity and Disproportionality Project* may further inform this issue.

## Kinship Navigator Funding

The Family First Transition Act Funding Certainty Grants (FCG) that Utah received in May 2022 have been allocated to the DHHS entities that received funding under the Title IV-E capped allocation waiver. These awards included an adjusted FY 21 award in the amount of \$4,258,632 and initial FY 22 award in the amount of \$2,888,471. These funds have been distributed as follows: 85% is allocated to DCFS, 11% is allocated to DJJYS, and 4% is allocated to the Executive Director's Office. This distribution may be adjusted over time, based on needs. All funding will be spent by September 30, 2026.

The Funding Certainty Grant will be used for purposes allowable under the grant, with the first priority to support upfront services to prevent abuse and neglect and to prevent entry of children into foster care, including supporting continuing efforts to further implement the Title IV-E Prevention Program Plan. Secondly, funds will be used to reduce the loss of Title IV-E funding for foster care maintenance and administration as a result of reverting back to traditional Title IV-E claiming and impact of QRTP implementation.

Within that funding framework, DCFS has been working with the Kempe Center over the last couple of years to implement the Family Action Model (FAM), which is a modification of Family Group Decision Making. FAM provides upfront supports to better engage families receiving child welfare services to help reduce entry into foster care. With the successful completion of the FAM pilot project, DCFS determined that the FCG would primarily be utilized to expand capacity to implement this model to each of the five DCFS regions. FCG funding has been designated for hiring a FAM supervisor and a team of ten coordinators that will be trained in the FAM model and provide family engagement support to teams throughout the state. Those 11 positions will be funded with the FCG through September 2026. To date, a supervisor position and three coordinators serving two of the five DCFS regions have been hired utilizing FCG funds.

JJYS is primarily utilizing the funds to offset foster care maintenance and administrative costs, with IV-E revenue impacted by the loss of the Title IV-E waiver funds.

### *APSR Update*

Kinship Navigator funding for FFY 2018-2022 has been used primarily for two key purposes. First, the funding has been used to strengthen and support two existing kinship navigator programs in the state that operate using the Grandfamilies curriculum. Second, Utah has contracted with the University of Utah College of Social Work SRI to evaluate the kinship navigator program provided by the Children's Service Society of Utah (CSS), which is the developer of Grandfamilies.

### *Strengthening Existing Kinship Navigator Programs:*

Utah continued to utilize FFY 2022 kinship navigator funding under Title IV-B part 2 to help strengthen existing kinship navigator programs in Utah. The largest kinship navigator program, Grandfamilies, developed and operated by CSS, received funding from FFY 2018 to FFY 2022 to strengthen their program in multiple locations in the state. Grandfamilies has office locations in northern Utah, including Salt Lake, Weber, Cache, and Davis counties, and in the past year also added a location in St. George, in southwestern Utah. They are in the process of establishing an additional office in Tooele, which is west of Salt Lake City. These physical offices provide services to surrounding communities. Grandfamilies also utilize telephone and internet technologies to provide remote services statewide. The CSS Grandfamilies program was also the provider of kinship navigator services under Title IV-E, authorized through the Consolidated Appropriations Act, 2021, in response to the COVID-19 pandemic.

In its annual 2022 report, CSS reported serving 371 adults and 389 children in 230 new families, assisting 152 persons in obtaining guardianship, providing 36 support groups to 225 persons, hosting 48 friend-to-friend events for 1,498 people, and providing outreach, advocacy, and clinical services to kin families. Ninety percent of clients served by CSS report satisfaction with the services received.

Additionally, in FFY 2019-FY 2022, Utah provided kinship navigator funding to a smaller kinship navigator program in Utah County, which also uses the Grandfamilies curriculum. Wasatch Behavioral Health (WBH), a local behavioral health authority, operates this program. Funding provided to this program further strengthens its capacity to serve kin families in Utah County.

Wasatch Behavioral Health reported for the final quarter of FY 2022 that they served 11 adults and 18 children in 8 families. Based on pre- and post-test results, families participating in the program realized improvement in four of five protective factors. One WBH client commented, "I appreciate the perspective I've gained from this group. I thought my situation was pretty unique. While it is in some ways, a lot of what I'm dealing with isn't unique to me. I appreciate the friendships and lack of judgement here. I also appreciate the suggestions for the problems I'm facing. The lessons are full of good information. And the follow-up ... to help brainstorm and find resources for difficult behavior was really helpful."

PSSF Kinship Navigator funding was allocated to each of these programs to strengthen their capacity to provide the full range of kinship navigator services as specified in the Family First Prevention Services Act, and to prepare them for potential expansion under Title IV-E using an approved evidence-based model. DCFS and CSS are currently exploring the option of implementing the Arizona Kinship Support Services program, which has been rated as supported by the Title IV-E Prevention Services Clearinghouse.

#### *Evaluation of Existing Kinship Navigator Programs:*

The Division initially contracted with the University of Utah SRI to conduct a Kinship Navigator Program evaluation of Grandfamilies, a long-standing kinship support program in Utah operated by the Children's Service Society of Utah (CSS), which meets the criteria in section 427(a)(1) of the Social Security Act, as authorized under the Family First Prevention Services Act. This study was funded with Kinship Navigator Program funds under Title IV-B Part 2.

The purpose of this evaluation conducted in 2019-2021 was to determine if the Grandfamilies program could be rated as meeting a promising, supported, or well-supported evidence-level according to provisions of the Family First Prevention Services Act. Kin families served by CSS Grandfamilies was the sample group and kin families within the child welfare system were the comparison group.

While the study showed positive effects for families, the study did not meet the Title IV-E Prevention Services Clearinghouse criteria for baseline equivalency. The age differences between the kin caregivers and between the children in the two sample groups were not close enough to be considered equivalent. As such, we were not able to review the study through the independent

systematic review as anticipated, as part of the transitional payment process specified in the Program Instruction, ACYF-CB-PI-19-07.

Though disappointed in the initial study results, DCFS has continued to work with SRI and CSS to develop another study design that will meet the rigor required by the Clearinghouse. The contract for this study is nearing completion and will be funded with Family First Transition Act funds. The study design will utilize Division of Child and Family Services administrative data and will be comparison of kin caregivers and clients within child welfare, with those that have received services through Grandfamilies being the treatment group and those not receiving Grandfamilies Services as the comparison group. This quasi-experimental design study will utilize a two-phase approach. The first phase will be an evaluability study to determine if there is sufficient data to analyze. If phase one is successful, the second phase will be implemented to compare outcomes between the two study groups, utilizing a study design focusing on meeting the rigor of the Title IV-E Prevention Services Clearinghouse.

## **Monthly Caseworker Visit Formula Grants and Standards for Caseworker Visits**

### *APSR Update*

Section 302.2 of DCFS Practice Guidelines addresses purposeful visitation with children in foster care. Guidelines require caseworkers to visit foster children face-to-face at least once monthly, and at least once per month the visit must occur in the foster care placement. Guidelines also address private conversations with children, conversations including siblings, safety considerations, and quality. Specifically, the content of visits should focus on key issues pertinent to safety (including threats of harm, child vulnerabilities, and protective capacities of the caregiver), permanency, and wellbeing, as well as promoting achievement of case goals. Guidelines also address observing a nonverbal child and engaging older youth to help them address their own needs or desires. As needed, the caseworker and members of the Child and Family Team develop the specifics of the visitation plan as well as decide who will make additional visits and contacts with the child.

For FFY 2022, Utah did not meet the performance standards to have caseworkers visit foster children monthly, as required for the Caseworker Visit Grant. The combined data for DCFS and DJJYS was 2% below the standard that 95% of children in foster care were visited for all months in foster care. This resulted in a penalty associated with Title IV-E Part 1 funds, where the FFP rate was reduced by 1%. Efforts are underway to reinforce the importance of this requirement with our staff statewide.

The practice guidelines have remained consistent with the required standards for caseworker visits, with one exception. Utah implemented temporary adjustments to policy, formalized in a COVID-19

reference guide, to allow visits to be conducted virtually, when safe and appropriate, to protect both caseworker and client health. The COVID-19 guidelines were discontinued on May 1, 2023.

Caseworker visits with foster children are documented in SAFE (CCWIS). Workers enter an activity log and indicate completion of a policy requirement after they finish their visits. The DCFS data system does not have the capability to distinguish between visits made in person and visits made remotely. Therefore, DCFS is unable to provide an accurate report of which monthly caseworker visits with foster children were conducted in-person in the child’s home versus which monthly caseworker visits were conducted virtually with the child in their home.

JJYS, which receives some IV-E funding, also reports on caseworker visits with its population. Due to differences in practice, JJYS workers may not always visit foster children in their placements. The table below displays FFYs 2018-2022 data on caseworker visits.

<b>Caseworker Visits<sup>1</sup></b>			
FFY	Children in Custody Age 17 and Younger Visited at Least One Month	Percentage of Months in which a Visit was Required and Completed	Percent of Visits Held at Youth’s Place of Residence
2018	4,227	96.3%	99.9%
2019	3,916	85.8%	99.9%
2020 <sup>2</sup>	3,509	96.8%	99.9%
2021	3,318	96.8%	99.9%
2022	3126	92.90%	99.6%

*NOTES: Includes visits by JJYS with children in the custody of JJYS, which may not conduct all visits at the child's residence. <sup>2</sup> During FFY 2020, one child had custody episodes with both JJYS and DCFS. The aggregate number of children is an unduplicated count.*

In the past year, Monthly Caseworker Visit grant funds were primarily used for the following purposes:

- Increasing DCFS capacity statewide to train caseworkers remotely through purchase of training software, including Articulate, SABA, and Kahoots.
- Strengthening caseworker expertise through specialized training to increase worker knowledge and skills.
- Strengthening caseworker ability to assess needs using the Utah Family and Children Engagement Tool (UFACET), a CANs-based functional assessment through certification and recertification processes.
- Strengthening supervisor and manager support of caseworkers statewide through leadership training held in September 2022.
- Strengthening caseworker capacity through the Child Welfare Institute, a statewide conference held in March 2023.

During the coming year, Monthly Caseworker Visit grant funds are planned for several purposes, subject to the impact of COVID-19. These purposes include:

- Strengthening supervisor and manager support of caseworkers through leadership training, including in key decision-making for safety, permanency, and wellbeing.
- Strengthening caseworker capacity through future Child Welfare Institutes.
- Strengthening caseworker expertise through training activities, including enabling caseworkers to attend specialized training to increase worker knowledge and skills.
- Supporting retention and recruitment efforts and improvements.

## **Adoption and Legal Guardianship Incentive Payments**

### *APSR Update*

Adoption and Legal Guardianship Incentive Payments received during the CFSP FFY 2020-2024 period will be used to enhance child welfare activities in Utah, to the extent funds are available. In the past year, Adoption and Legal Guardianship Incentive Payment funds were used for:

- Tools to enhance workers' ability to search for kin of children in care.
- Specially trained contracted staff who help locate potential adoptive families and help caseworkers match children with potential adoptive parents.
- Continuous quality improvement and grant administrative positions that support quality practice and child welfare system improvements.
- Staff training and special projects, including the Child Welfare Institute for support staff.
- In-home services, including parenting skills classes and behavioral health services.
- Transition to adult living services for youth in foster care and for former foster youth.

In the next year, Adoption and Legal Guardianship Incentive Payment funds are planned to be used for the same purposes as the current year, to the extent that funding is allowable.

One challenge with these funds is that we do not get the funding every year, and the amounts vary significantly from year to year. This makes it difficult to plan for use of the funds for ongoing services.

## Adoption Savings, Methodology, and Expenditures

### *APSR Update*

Utah is continuing its use of an amended Adoption Savings Methodology, submitted last year to make minor adjustments to the previously approved alternate approved method.

During the plan period, adoption savings are planned to be used for costs allowable under Title IV-E or Title IV-B of the Social Security Act. These funds will particularly target services and activities to support children being able to reside safely in the home and to strengthen parents' capacity to care for their children, including post-adoption services.

The programs, services, and activities funded with adoption savings will continue to help with Utah's goal to "flip the system," bringing more emphasis to supporting families up front and reducing the need for foster care and other back-end services, and to bridge the gap between primary prevention and prevention of foster care services. Examples of services to be funded with adoption savings in the upcoming year include evidence-based in-home parent skills training, mental health services for children and parents who are not Medicaid eligible, and temporary intensive out of home post-adoptive care for adoptive children to help stabilize the child and support parents in caring for their children.

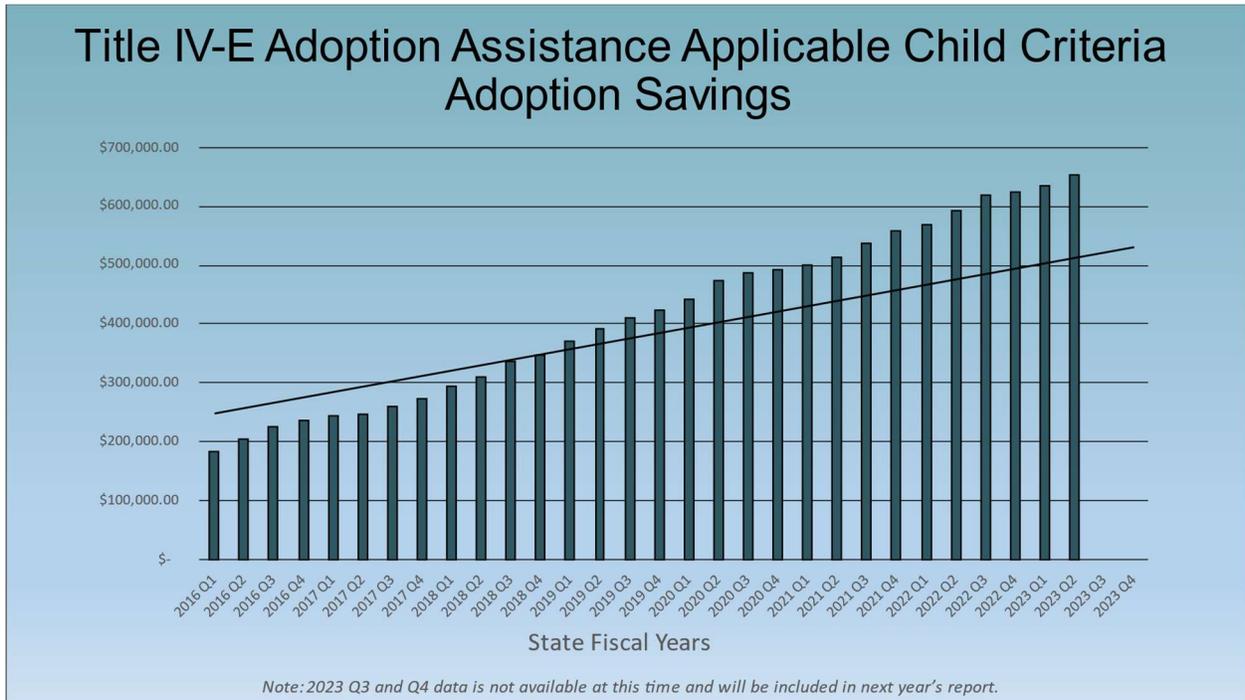
Utah has met the requirement that at least 20 percent of each year's calculated savings is spent on post-adoption and post-guardianship services, and that those expenditures plus amounts spent on services to support positive outcomes for children at risk of entering foster care must equal at least 30 percent of each year's calculated adoption savings. Most savings expenditures have fallen into these two categories since the program began. In FFY 2022, over \$677,500 in adoption savings (35%) was expended for post-adoption services and over \$1,255,000 in adoption savings (65%) was expended for parenting and children receiving in-home services to support children at risk of entering foster care.

In the past year, examples of services funded with adoption savings included:

- Evidence-based in-home parent skills training for parents and children receiving in-home services.
- Mental health services for children and parents receiving in-home services who are not Medicaid eligible.
- Temporary intensive out of home post-adoptive care for adoptive children to help stabilize the child and support parents in caring for their children.

Generally, Utah has not experienced barriers or challenges when allocating or spending adoption savings. Each year, an estimate of expected savings is prepared, and planned expenditures are

budgeted based on that estimate. To the extent feasible, the adoption savings are expended during the state fiscal year in which the savings occur. Any funds not spent during the current state fiscal year are rolled forward and budgeted in the subsequent fiscal year, with intent language authorization from the state legislature. Nearly always, the savings realized for the current year are spent by the end of the following year. From the cumulative data in the FY 2022 CB-496 report, Utah has saved over \$10 million in adoption savings, and of that savings, has just over \$1 million in unspent funds. The graph below reflects the estimated Title IV-E adoption savings based on the applicable child criteria.



### Family First Transition Act Grant Funds (FFTA)

Family First Transition Act Grant funds continue to be budgeted across multiple federal fiscal years to support the transition to the Family First Prevention Services Act and to minimize impact from the ending of the Title IV-E waiver capped allocation. All funding will be spent by September 30, 2025.

During the current year, funds have continued to be used to support transition activities for the Title IV-E Prevention Program plan and to support reduction in IV-E foster care funding.

- In the first two years, DHHS continued its contract to have Parent Child Interaction Therapy provider training in the state, to support expansion of the provider network for PCIT under Utah’s Title IV-E Prevention Plan, with the overall goal of expanding availability of services, including in rural areas. Last year, FFTA funds were used to pay for training, along with

coaching and certification, for two additional cohorts of providers. One cohort was trained in Salt Lake City and another cohort was trained in St. George, in southwestern Utah. The two cohorts consisted of 29 clinicians. No additional training sessions were held this year.

- This year, contracts were finalized, and the first cohorts of training were provided for SafeCare, which includes training of the in-home providers, and includes coaching, and eventually certification of SafeCare providers. SafeCare is a new service under Utah's Title IV-E Prevention Program Plan. Two training sessions were held, to train in-home providers in three of the five DCFS regions. Additional training sessions are being planned to expand capacity and availability to more areas of the state.
- FFTA funds have also been used for training of a cohort of clinicians for Motivational Interviewing in March 2023, with another cohort planned for later in 2023. Motivational Interviewing is also an approved service under Utah's Title IV-E Prevention Program Plan for which claiming under Title IV-E has not yet occurred.
- In addition to funding transition activities towards implementation of the Title IV-E Prevention Program Plan, FFTA funds are being utilized to offset the loss of Title IV-E funds for foster care and for congregate care with the implementation of the Qualified Residential Treatment Programs. The need to utilize FFTA funds for foster care maintenance is assessed as the state fiscal year end nears.

Next year, DCFS plans to use the FFTA funds for the same general purposes as funds were budgeted this year. Pertaining to prevention, funds will be used to continue to support training, coaching, and certification of SafeCare, implemented under Utah's Title IV-E Prevention Program Plan. Funding may also be used to support implementation of Parents as Teachers, which has not yet been implemented under Utah's IV-E prevention plan, though an approved service under the plan. FFTA funds may also be used to offset reductions in IV-E funding for foster care and congregate care and may be allocated for concrete needs for families or supports for kin families, which was an expense under our Title IV-E waiver.

DCFS anticipates that with continued focus on upfront services and continued focus on successful implementation of QRTP provisions, the impact of the loss of Title IV-E for foster care funds will gradually diminish under the waiver transition. Also, related to provision of flexible funds for families for concrete supports, we are watching submissions of Title IV-E Prevention Program Plans from other states that have included supports for concrete needs as evidence-based services. In the events that any programs supporting concrete needs are approved, we will consider adding those services to Utah's Title IV-E Prevention Program Plan through an amendment.

## **Family First Transition Act Funding Certainty Grant**

The Family First Transition Act Funding Certainty Grants (FCG) that Utah received in May 2022 have been allocated to the DHHS entities that received funding under the Title IV-E capped allocation

waiver. These awards included an adjusted FY 21 award in the amount of \$4,258,632 and initial FY 22 award in the amount of \$2,888,471. These funds have been distributed as follows: 85% is allocated to DCFS, 11% is allocated to DJJYS, and 4% is allocated to the Executive Director's Office. This distribution may be adjusted over time, based on needs. All funding will be spent by September 30, 2026.

The Funding Certainty Grant will be used for purposes allowable under the grant, with the first priority to support upfront services to prevent abuse and neglect and to prevent entry of children into foster care, including supporting continuing efforts to further implement the Title IV-E Prevention Program Plan. Secondly, funds will be used to reduce the loss of Title IV-E funding for foster care maintenance and administration as a result of reverting back to traditional Title IV-E claiming and impact of QRTP implementation.

Within that funding framework, DCFS has been working with the Kempe Center over the last couple of years to implement the Family Action Model (FAM), which is a modification of Family Group Decision Making. FAM provides upfront supports to better engage families receiving child welfare services to help reduce entry into foster care. With the successful completion of the FAM pilot project, DCFS determined that the FCG would primarily be utilized to expand capacity to implement this model to each of the five DCFS regions. FCG funding has been designated for hiring a FAM supervisor and a team of ten coordinators that will be trained in the FAM model and provide family engagement support to teams throughout the state. Those 11 positions will be funded with the FCG through September 2026. To date, a supervisor position and three coordinators serving two of the five DCFS regions have been hired utilizing FCG funds.

JJYS is primarily utilizing the funds to offset foster care maintenance and administrative costs, with IV-E revenue impacted by the loss of the Title IV-E waiver funds.

## VI. JOHN H. CHAFEE FOSTER CARE PROGRAM FOR SUCCESSFUL TRANSITION TO ADULTHOOD

### *APSR Update*

All Utah reservations are now fully open. During this past year, the state's plan for coordination and collaboration with tribes has included some virtual meetings with increased in-person meetings.

The outlined services and program design in the plan have continued over the past year. Since submission of the June 30, 2022, APSR, there have been no substantive changes or additions in services or program design. General updates for work accomplished during FFY 2022 are summarized in the respective sections below.

### **Agency Administering Chafee**

DCFS administers programs and services funded through the John H. Chafee Foster Care Program for Successful Transition to Adulthood (Chafee). Within the Division, the Adolescent Services Program Administrator is responsible for planning and execution of all Chafee activities as well as for supporting community providers delivering services to youth in foster care.

### *Lived Experience TAL Assistant Coordinator*

In August 2021, DCFS added the position of Lived Experience Youth Voice – TAL Assistant Coordinator. This position provides the expertise that can only be delivered by an individual with firsthand lived experience in the child welfare system. The position of TAL Assistant Coordinator continues to evolve as needs are identified. The TAL Assistant Coordinator's current responsibilities include:

- Provide direct support to YAC members.
- Provide assistance to DCFS regional TAL Coordinators.
- Maintain connection to national organizations.
- Participate as a member of Utah Division of Substance Abuse and Mental Health Youth Empowered Solutions to Succeed.
- Provide support to the JJYS Youth Council.
- Provide support to the Court Improvement Program monthly educational series.
- Provide support to multiple local youth support programs around the state (i.e., PATH, CLASP, Peer Up, Salt Lake County Youth Advisory Board, etc.).
- Provide support to the Youth Experiencing Homelessness Task Group.
- Ensure emphasis is placed on involvement with programs in the state that provide services to youth who may qualify for access to TAL services.
- Increase NYTD outcomes.

The impact of this position is described throughout the presentation of the John H. Chafee Foster Care Program for Successful Transition to Adulthood section below.

## Description of Program Design and Delivery

Transition to Adult Living (TAL) services delivered to youth who have experienced foster care at age 14 or older are provided throughout the state. TAL services are facilitated by region caseworkers, supervisors, and TAL Coordinators who—along with foster care, kinship, or other families caring for the youth—are committed to providing youth with:

- Transitional services.
- Building meaningful, permanent connections with a caring adult.
- Developmentally appropriate activities.
- Positive youth development.
- Experiential learning opportunities.

Once a youth in foster care reaches age 14, region caseworkers and the youth's Child and Family Team, which the youth lead once they reach 16 years of age, work to prepare the youth for transition to adulthood. All youth receive a continuum of training and services as identified by the Child and Family Team and as outlined in their Child and Family Plan.

Transitional services provided to youth are numerous but generally fall within five major categories, including the National Youth in Transition Database (NYTD) areas:

- Work and Career Planning and Education.
- Housing and Money Management (not room and board).
- Home Life and Daily Living.
- Self-Care and Health Education.
- Communication, Social Relationships, Family, and Marriage.

Former foster care recipients ages 18-22 years, who have not reached 23 years of age, are eligible for Chafee aftercare services, if they were adopted or obtained legal guardianship after their 16<sup>th</sup> birthday or if they aged out of foster care between the ages of 18 and 21 years. TAL provides these youth with financial, housing, counseling, employment, education, and other appropriate support and services to complement their own efforts to achieve self-sufficiency.

TAL Coordinators provide aftercare services within their regions. In providing these services, coordinators help youth develop a Child and Family Plan that identifies what the youth's current needs are and the goals they have for their immediate future. The TAL Coordinator also helps youth locate and access community resources that meet their needs.

Chafee aftercare funds may be used to help youth access services or may be used to meet a youth's emergency needs. Since Utah is a reciprocal state, a youth in Utah foster care that lives in another state can access Chafee aftercare or ETV resources by contacting a TAL Coordinator in the state in which they are living, or the services can be provided by Utah.

To complement youth's efforts to achieve self-sufficiency and to ensure youth recognize and accept personal responsibility to prepare for and make the transition from adolescence to adulthood, up to \$5,000 in annual assistance can be provided to eligible youth through aftercare services. (DCFS, in response to the increasing cost of living expenses, chose to increase the annual assistance from \$2,000 to \$5,000.) These funds are designed to help youth pay for housing, counseling, employment, education, and other services.

During the COVID-19 pandemic, Chafee funds were made more flexible. Legislation provided additional funding and deferred previous funding restrictions, which has helped youth receive needed services during the pandemic. This flexibility allowed TAL Coordinators to support youth in their current housing situations and avoid disruptions. The funding flexibility also allowed supplementation of TAL youth's income, allowing them to pay their bills and provide for themselves. This program ended September 30, 2022.

The services being provided through the Chafee program are in alignment with the CFSR and the PIP. The Chafee program keeps safety and placement stability at the forefront of all service development and implementation. The State Youth Advisory Council (YAC) is an integral member of the development team addressing the need to increase placement stability for youth. The pandemic slowed this process, but planning continues, including plans for foster youth to participate in UFC in-service training courses in the form a Lived Experience Foster Youth Panel. It is anticipated that utilization of the panels will begin in FFY 2023. Additionally, the Adolescent Service Program Administrator is working with UFC to regularly include Lived Experience Foster Youth Panels as a part of the Annual Foster Care Symposium. It is anticipated that utilization of the panels at the annual symposium will begin in FFY 2024.

### *Involvement of Youth*

DCFS continues to support the YAC, which adds a much-needed youth voice to the child welfare system. Through the YAC, youth discuss issues that impact their lives and set goals and objectives that are designed to resolve problems they face. Additionally, with assistance from DCFS administrators, the YAC develops policies and procedures involving youth support. The Adolescent Service Program Administrator and TAL Coordinators, in conjunction with the YAC are committed to continued monitoring of DCFS Practice Guidelines, as they pertain to youth in care.

Youth participate in panel discussions during Utah Foster Care Foundation's (UFC) foster and adoptive parent pre-service training. Youth also participate in UFC region in-service training courses, during which they provide a realistic accounting of their experiences in foster care, summarize the unique needs they encountered while in foster care, and encourage parents to consider fostering or adopting older children in the child welfare system. Unfortunately, due to the virtual format relied on during the pandemic, YAC participation has been challenging. The youth report finding the virtual format disconnecting and disinteresting. It is anticipated that in-person panel presentations will resume and include a focus on reconnecting youth to panel participation by the end of FFY 2023.

Youth meet annually with the DCFS Director to share their progress on youth-driven projects. Youth have been and will continue to be encouraged to address the Child Welfare Legislative Oversight Panel and advocate for youth-driven policy change.

Two youth ambassadors accompany the Adolescent Program Administrator to the annual Independent Living Coordinators Meeting in Washington, D.C. The ambassadors provide a report to the State Youth Advisory Council that identifies best practices and conveys lessons learned. However, since the start of the pandemic, this meeting has been on hold. Once it resumes, the Program Administrator, Assistant TAL Coordinator, and YAC ambassadors will attend.

The YAC continues to work on the development of a youth orientation packet that will be shared with youth when they first enter foster care. Foster youth will be given a flier with information about available services and support. There is an emphasis on reengaging youth participation on the youth council and increasing youth voice across the state, once the pandemic resolves.

In March 2022, DCFS was granted departmental permission to use social media to support and promote TAL services and the YAC. TAL now has a presence on Facebook and Instagram. Social media is used to promote TAL services, TAL events, YAC, and provides a place to discuss youth issues. The accounts are monitored by the Lived Experience TAL Assistant Coordinator.

The Chafee program incorporates the main principles of positive youth development (PYD) throughout the case process and in the development of services and assessments. The importance of PYD is seen in the composition of the child and family teaming process. The teaming process brings together family and community connections to support the youth. Youth are encouraged to lead their team meetings and contribute to their planning in a meaningful way. The youth's ability to run their meeting builds their confidence in advocating for their needs and their future.

The YAC worked with staff to create a Milestone Guideline that helps youth focus on building basic life skills and creates opportunities to build confidence and competence in connecting with their families and communities. The new guideline was implemented in FFY 2022. Regional youth and TAL Coordinators continue to improve the Milestone Guidelines. Goals for improvement include

continuing the creation of content with real-world applications that fit the needs of youth transitioning to adulthood.

The Chafee program supports local community programs that incorporate positive youth development principles. For example, DCFS partnered with the University of Utah to establish an academic and social mentoring program to encourage youth to complete high school and successfully attend higher education. This program is described in more detail under the education portion of the plan. Youth that attend the program have seen an increase in their academic skills and their ability to connect with peers and advocate for their future. The Chafee program will continue to support the academic and social mentoring program over the next five years, and there are plans to double the number of youths attending from thirty to sixty youth. To support this effort, funding was increased in FFY 202, remains in effect for the remainder of the current contract, which ends in June 2023, and will be renewed for an additional five-year period, ending in June 2028.

#### *Use of NYTD Data*

To provide Utah with a complete view of youth's experiences, DCFS regularly collects data on youth turning 17 while in foster care and surveys youth formerly in foster care at 17, 19, and 21 years of age. This data is entered into the NYTD database. Reports are generated as needed and are used to inform stakeholders about barriers youth face when they exit foster care. The report is shared annually with the YAC and Child Welfare Improvement Council (CWIC), with new employees during onboarding training and other relevant statewide training, and with community partners and stakeholders.

The data from the first round of cohorts showed that Utah had a very high rate of youth entering foster care due to delinquency. This data was shared with the Court Improvement Program team and informed the discussion regarding how Utah can reduce the percentage of youth entering care due to delinquency, while still ensuring youth receive the support they need from the courts and human services.

In 2017, legislation was passed that no longer allows the courts to order a child into DCFS custody due to delinquent behavior. Instead, the courts now request that DCFS complete an assessment to determine if the family needs support and who is the best agency to provide that support. To help inform future changes to court practice, the Chafee program will continue to share the NYTD data with the Court Improvement Program team during quarterly meetings.

During FFY 2022, the Adolescent Program Administrator and the Lived Experience TAL Assistant Coordinator created a user-friendly informational one-page document about NYTD to share with community partners and the YAC. Additionally, the Lived Experience TAL Assistant Coordinator focused on increasing NYTD outcomes; this work included access to the CLEAR Network, as well as the utilization of social media to improve outreach to youth.

## **Serving Youth across the State**

The Chafee funding is dispersed among Utah's five regions. Funding amounts are determined by the percentage of potential eligible youth in each region. Regions have flexibility to develop and provide services that are specific to the needs of the youth in their areas.

The transitional coordinators meet monthly and are focused on how to provide more video and online options for youth to participate in the Milestone Guideline classes and activities. For example, the Eastern Region is rural, and it is difficult to provide a central location that works for all the region's youth to easily participate. The Eastern Region TAL coordinator trained staff in each of the region's offices on the Chafee program. The staff assist in providing local classes and activities to ensure that all Eastern Region youth can participate in and benefit from the classes. The Eastern Region has also increased its ability to provide teleconferencing options, which enable youth from different offices to interact with one another.

YACS exists in all five regions within the state and are available for youth to participate virtually and in-person.

As noted above, in FFY 2021, DCFS hired a Lived Experience TAL Assistant Coordinator. This position works directly with the Adolescent Services Program Administrator and the Region Youth Councils to assist youth in using their voices to improve services for themselves and other youth in care.

## **Serving Youth of Various Ages and Stages of Achieving Independence**

The Adolescent Services Program Administrator implemented the state's Milestone Guidelines into practice. Training was provided to Region TAL Coordinators on how to use the guidelines to ensure that youth have the skills needed to transition successfully to adulthood and on how to offer the guideline training at a level equivalent to the youth's age and ability.

The Milestone Guidelines provide incentives to youth needing to complete activities, skills, and education that will help them develop and maintain connections to their community. From a list of more than 35 skills and activities under more than 15 focus areas, the youth and caseworker pick the two skills or activities that are determined to be most critical to the youth's success and then obtain the mentoring, training, or services that will help the youth accomplish those tasks.

In recent years, Utah piloted a TAL UFACET assessment. Use of this assessment became standard practice in September 2022. The UFACET is a CANS-based child and family assessment tool developed in conjunction with the HomeWorks IV-E child welfare waiver demonstration project.

During FFY 2021, the Adolescent Services Program Administrator worked with the CWIC team in implementing the UFACET TAL skills module, which includes NYTD language, and the wellbeing outcomes outlined in the CSSP Youth Thrive Protective and Promotive Factors framework.

The Adolescent Services Program Administrator will work with DHHS CQI to revise the questions asked by CFSR+ reviewers that assess TAL services provided to youth. The intent is to add NYTD terminology so that the questions are consistent with current federal guidelines. The Adolescent Services Program Administrator also intends to work with DHHS CQI to incorporate new review elements into the CFSR+ process that will assess to what degree child and family teams are addressing the transitional needs of youth exiting foster care. Furthermore, the Adolescent Services Program Administrator and members of the YAC plan to meet with DHHS CQI to determine to what extent and at what age youth can participate in the CFSR+ process. Unfortunately, due to the DHS/DOH merger process and restructuring of what is now DHHS CQI, this work has continued to be delayed. The Adolescent Services Program Administrator remains hopeful that the work will resume in FFY 2023.

### *Chafee Services Expansion Option to Extend Services to Age 23*

Utah elected to offer Chafee-funded services to former foster youth through age 23. Youth were notified of the change through multiple strategies. DCFS YACs at state and regional levels were also informed of the age change. Youth exiting care to emancipation, guardianship, or adoption who qualify for services after foster care are provided this information as part of preparation for exit. Regional TAL Coordinators are the primary contact for youth who have already exited care. TAL Coordinators are aware of the change, and they share this information with youth for whom they coordinate services. The Adolescent Services Program Administrator shares this information with other community partners and service providers.

Although the state has not elected to expand Title IV-E foster care beyond age 18, Utah qualifies for expansion of Chafee services to age 23 through operation of a comparable state-funded foster care program serving youth to age 21.

## **Collaboration with Other Private and Public Agencies**

### **Multi-Agency Collaboration**

The Adolescent Services Program Administrator is a member of a multi-agency collaboration, including members from the Office of the Attorney General, the Salt Lake County Public Defender's Office, JJYS, and other community partners. This group addresses issues related to human trafficking. While not specific to youth involved with DCFS, the collaboration intends to develop community support for victims of human trafficking and identify or develop services that are

designed to keep youth sex-trafficking victims out of jail. The collaborative developed a broad range protocol that identifies when and how to refer a child or youth sex-trafficking victim to DCFS for services.

## **University of Utah Collaboration - First Star Academy**

The Adolescent Services Program Administrator and administrators at the University of Utah worked together to implement the First Star Academy (FSA). FSA focuses on academics, life skills, and caregiver engagement. The program brings high-school-aged foster youth to campus for one Saturday each month during the academic school year and an intensive, four-week campus residential experience, during which youth in foster care attend a variety of classes provided by professors. In addition, university mentors provide academic and personal guidance and meet monthly with the youth to assist them with their educational goals. Once youth complete the academy, as well as graduate from high school, they will be eligible for targeted scholarships that will help them fund their secondary education. Furthermore, if youth are in foster care when they enter the academy, they will be able to remain in the program, regardless of permanency status upon leaving foster care.

A sister program to FSA is the Impact Scholar Program. This program is designed to follow and provide support to First Star students who enroll in post-secondary education. In January 2023, a full time Impact Scholar Program Manager was hired.

During FFY 2021, the Adolescent Services Program Administrator worked with First Star to expand the program's capability to increase the number of students served from one cohort of 15 students to four cohorts of 60 total students. At the end of 2022, First Star enrollment included two cohorts totaling 30 students. First Star is actively recruiting for the next cohort, which will bring the total number of students enrolled to 45. The program goal remains four cohorts totaling 60 students.

Below is a quote regarding the impact of the program from an anonymous, current First Star student:

*"I like First Star because it helps you academically and socially. It helps you feel like people care about you - to know you have a voice even though it sometimes might not feel like it."*

During FFY 2022, the Adolescent Services Program Administrator and Federal Grants Program Administrator worked with the FSA Administrator to review past and determine future data points FSA will track. Please see the table below for FSA data from the program's inception during the 2017-2018 school year through the 2021-2022 school year.

First Star Academy (FSA)										
School Year:	2017-2018		2018-2019		2019-2020		2020-2021		2021-2022	
	#	%	#	%	#	%	#	%	#	%
Total Students Returning from Previous Year	-	-	20	-	27	-	16	-	19	-
Total New Students	26	-	8	-	0	-	17	-	15	-
TOTAL Students Enrolled in FSA	26	-	28	-	27 <sup>2</sup>	-	33	-	34	-
Total Students Enrolled Who Completed the Year	20	77%	25	89%	22	81%	21	64%	20	58%
Total Students Enrolled Who Exited the Program for Reasons Other than Graduation <sup>1</sup>	6	23%	3	11%	5	11%	3	9%	5	14%
Total Seniors Enrolled Who Graduated High School (HS)	-	-	-	-	3	100%	11	100%	4	100%
Total HS Graduates Enrolled who went on to a Four-Year University that fall	-	-	-	-	2	66%	7	63%	1	25%
Total HS Graduates Enrolled who went on to a Two-Year or Vocational College	-	-	-	-	0	0%	3	27%	2	50%
TOTAL Students Enrolled in FS Summer Academy	22	84%	24	85%	15 online	56%	16 hybrid	48%	15	50%
% Increase in Post-Test over Pre-Test Math Score	-	82%	-	235%	-	3	-	3	-	224%
% Increase in Post-Test over Pre-Test Writing/Language Score	-	20%	-	57%	-	3	-	3	-	21%
% Students Reporting Increased Desire to Attend Higher Ed.	-	Not collected	-	100%	-	100%	4	4	-	75%
% Students Reporting Increased desire to work hard in HS	-	90%	-	73%	-	70%	-	91%	-	67%
% Students Reporting Increased Feeling of Academic Capability	-	84%	-	73%	-	70%	-	83%	-	58%
% Students Reporting Increased Confidence in Capability to Make Friends	-	58%	-	67%	-	62%	-	66%	-	75%
<p>NOTES: <sup>1</sup> Reasons include spending time with family, transportation issues, adoption, mental health concerns, moved, or other issues. <sup>2</sup> Some students leave for a short break and come back. Those are not counted as new students. <sup>3</sup> Due to COVID-19 the pre and post academic survey was not completed. <sup>4</sup> During the recent school year, the number of youths reporting an increased desire to attend a higher education was inadvertently not asked in the survey done in the 2020-2021 year. Therefore, there is no data to report for this question.</p>										

The TAL Program coordinates with several state agencies or partners that utilize federal funds. Those agencies include:

- Department of Workforce Services, Workforce Innovative Opportunities Act (WIOA) eligible youth, which manages services provided through the ETV program and coordinates Supplemental Nutrition Assistance Programming benefits and employment training.
- DHHS, which coordinates Medicaid services and, through a contract with DCFS, provides access to a Fostering Healthy Children nurse case manager who tracks the medical needs of youth in foster care.
- SUMA, which refers youth to services that help youth resolve mental health and substance use issues.
- Department of Public Safety Driver License Division, which aids in obtaining a Utah driver license and a Utah identification card.
- JJYS, which works with DCFS to identify youth in custody who may qualify for Chafee-funded services or may be eligible to receive services from other organizations.

Additionally, the CPS and Adolescent Services Program Administrators continue to work with a collaboration of individuals representing the Utah State Courts, law enforcement, the Utah Court Appointed Special Advocate Program, Primary Children's Hospital, and others to identify measures that will help avoid re-victimizing victims of human trafficking. Likewise, DCFS continues to work with law enforcement to ensure that DCFS provides a victim-friendly response to child victims of sex trafficking. Specifically, for a youth in custody that runs away from an out-of-home placement and may have become involved in human trafficking, DCFS protocols guide caseworkers as they try to determine if the youth has been involved in human trafficking.

During FFY 2020, to prevent further DCFS involvement or removal, DCFS began coordination with the Juvenile Justice Early Intervention Program to provide support and in-home services to families with ungovernable youth. A pilot program was completed in Utah's Northern Region in fall 2019, and the Juvenile Justice Early Intervention Program was implemented statewide in February 2020. DCFS began referring to the program in July 2021, at the start of the new SFY. SFYs 2021, 2022, and 2023 (through Q3) program and DCFS referral data are presented in the table below.

Juvenile Justice Early Intervention Program																
	SFY 2020 <sup>1</sup>		SFY 2021 <sup>2</sup>		SFY 2022		SFY 2023								Since Inception	
	TOTAL		TOTAL		TOTAL		Q1		Q2		Q3		Q4 <sup>3</sup>		TOTAL	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%
Program Referrals	393	100%	2,260	100%	2,863	100%	659	100%	883	100%	1,047	100%			8,104	100%
DCFS Referrals	0	0%	334 <sup>3</sup>	14.8%	320	11.2%	82	12.4%	84	9.5%	102	9.7%			922	11.4%

NOTES: <sup>1</sup> The program form was implemented statewide on Feb 13, 2020. <sup>2</sup> DCFS began its participation in SFY 2021. <sup>3</sup> SFY 2023 Q4 data is not included, as it is too soon for the data to be available. <sup>3</sup> The referral tracking process has been refined and it was found that FFY 2021 DCFS Referrals is 334, not 335, as previously reported.

## Determining Eligibility for Benefits and Services

All foster youth ages 14 and older automatically qualify for Chafee programs and services. Utah foster youth that live out of state are also provided services through the Chafee program. Utah is a reciprocal state and collaborates with other states to ensure the child is receiving Chafee support.

The Chafee program collaborates with the WIOA program to ensure that youth are eligible for and able to obtain the ETV vouchers. All eligible youth have access to the same amount of ETV funds, based upon their educational need. There is no current waiting list for services or funding.

## Cooperation in National Evaluations

Utah DCFS has demonstrated its willingness to cooperate in the past as a volunteer pilot state for the NYTD review. Utah will continue to cooperate in any national evaluations of the effects of the programs in achieving the purposes of Chafee.

## Chafee Training

DHHS addresses the needs of youth who are receiving services through one or more DHHS divisions. Training provides workers with information about how to involve youth in transition planning, how to integrate the requirements of the Normalcy Bill into transition planning, and how the Foster Youth Bill of Rights applies to transitioning youth. The training is now offered at a regional level and coordinated by regional training teams. This gives the regions an opportunity to address issues related to their community and to encourage local community providers to be a part of the training. Youth are actively involved in the planning process and coordinate some of the activities.

In addition, a one-hour segment of the DCFS New Employee Practice Model Training focuses on youth services provided through the TAL Program, as well as on community resources available to youth.

UFC refers foster or foster-to-adopt parents, especially those who will be fostering or adopting youth over the age of 14, to DHHS "Teen Speak" online training course. UFC also provides TBRI training for families caring for teens and has several recorded online teen-specific training courses. DHHS is completing a new social-emotional competence training for teen caregivers that will be piloted in 2023. The use of these options assists foster parents in meeting mandatory annual training requirements.

DCFS implemented a two-hour Safety Guidelines for LGBTQ Clients training, which was delivered to all caseworkers and supervisors and was added as ongoing training for new employees. During this training, participants learn how to implement the DCFS Practice Guideline that specifically addresses

the issue of safety for LGBTQ youth. Training introduces appropriate terminology, helps students understand LGBTQ issues, addresses services that help prevent removal, and identifies expectations for out-of-home placements. DCFS is also reviewing all aspects of equity, diversity and inclusion within its policies and guidelines and is making adjustments where needed, including policies and guidelines specific to the LGBTQ community.

Prospective foster and adoptive parents first learn about the needs of LGBTQ youth during an individual orientation and pre-screening interview, prior to beginning training. The topic is also addressed in several sections of the 32-hour training provided by UFC. During the session in which UFC trainers discuss why children are in foster/adoptive care and in the session in which participants learn about adolescent development, trainers identify the safety needs of children who may be questioning their sexuality. There are also in-service classes, including a recorded class, available for families.

Also, when UFC trainers address the need to transcend differences in philosophy or beliefs with prospective foster or adoptive parents, they help parents to examine their personal, moral, and ethical perspectives and determine if they can work with children who live differently. A discussion of LGBTQ youth safety is held during the UFC DCFS Practice Guidelines webinar, a course that prospective foster parents are required to complete before becoming licensed. UFC has also implemented a cluster group for parents who are fostering LGBTQ youth. A culture of acceptance is a primary component of any placement and, as such, UFC addresses issues relating to inclusiveness, safety, stability, and support for LGBTQ youth in this webinar.

## **Supporting Foster Youth and Families through the Pandemic Act**

In accordance with Program Instruction 21-04, following is a description of the use of additional Chafee and ETV funding granted under the Consolidated Appropriations Act, 2021, P.L. 116-260, enacted into law on December 27, 2020, Division X, The Supporting Foster Youth and Families through the Pandemic Act.

The majority of supplemental Chafee funding was distributed to DCFS regions to be used for direct supports to youth ages 14 or older in foster care, or for youth who have exited foster care at ages 14 or older for reunification, or ages 16 and older to adoption or guardianship, or who were emancipated from foster care at ages 18 and older. Funding was available until September 30, 2021, for youth who had not yet reached age 27; the age limit reverted to age 23 starting October 1, 2021. Supplemental funding was available through September 30, 2022. The types of expenses that funds were used to provide direct supports for youth are described in the table below.

Direct Supports for Youth Through Chafee Funding (including Supplemental Funds)	
Purpose	Allowable Services
<p><b>Transitional Living Needs (TLN)</b>            The purpose of the TLN grant funds is to address unique short and long-term needs of youth in <u>DCFS custody</u> age 14 and older to supplement their own efforts to achieve self-sufficiency and assist them in transitioning to adulthood.</p>	<p>TLN funds may be spent for needs in the following categories:            1) Education, training, and career exploration, 2) Mental health, and emotional support, 3) Transportation, 4) Normal teen expenses such as prom tickets and outfits, yearbooks, school pictures, dance recitals, guitar lessons, etc., and 4) Housing support such as items to set up an apartment, but MAY NOT be used for room, board, including food, rent, or utilities for a youth who is still in foster care. It may also be used for regional youth events or skills classes, with approval for group gatherings when required.</p>
<p><b>Transitional Living Payment (TLP)</b>            Grant funds may be used for qualifying youth aged 18 to 23 to address unique short-term needs of youth to assist them in transitioning to adulthood. <i>The maximum age has been temporarily increased to age 27 through 9/30/2021.</i></p>	<p>TLP funds are available for former foster youth who are between the ages of 18-23. May be used for the same types of costs as TLN (see above). These youth may be provided financial, housing, counseling, employment, education, and other appropriate support and services to complement their own efforts to achieve self-sufficiency. (Housing costs should be paid under TLR.) Up to \$4000/year may be spent for transportation expenses under pandemic provisions through 9/30/2021.</p>
<p><b>Transitional Living Payment for Living Costs (TLR)</b>            Grant funds may be used for qualifying youth aged 18 to 23 to address unique short-term needs with maintenance expenses to assist youth in transitioning to adulthood. <i>The maximum age has been temporarily increased to age 27 through 9/30/2021.</i></p>	<p>TLR funds are available for former foster youth who are between the ages of 18-23. These funds may be used for room and board, including food, rent, or utilities. Normally, no more than 30% of grant funds statewide may be used for room and board costs. However, under pandemic provisions, this 30% requirement is waived through 9/30/2021.</p>

Supplemental Chafee funds were also utilized to temporarily increase the First Star program, to allow additional youth to participate. Additional needs analysis and support opportunities were assessed to guide resources to maximize supports to qualifying youth and young adults.

The DHHS communication team assisted in developing and distributing information to support outreach efforts to foster youth and former foster youth to know about increased supports available through the supplemental Chafee funds authorized under the Consolidated Appropriations Act,

2021, P.L. 116-260, Division X, The Supporting Foster Youth and Families through the Pandemic Act. In addition, the Adolescent Services Program Administrator met with the YAC, regional transition to adult living coordinators, and numerous community partners to make them aware of the additional funding for foster youth and former foster youth. The Lived Experience TAL Assistant Coordinator provided a focus on enhancing outreach and coordination with foster youth and former foster youth.

Use of supplemental ETV funds authorized under the Consolidated Appropriations Act, 2021, P.L. 116-260, Division X, The Supporting Foster Youth and Families through the Pandemic Act are described within the narrative of the ETV section below.

## Education and Training Vouchers Program

### *Program Description*

Education and Training Vouchers (ETV) are available to youth meeting the following requirements:

- Be an individual in foster care who has not yet reached 21 years of age, and
- Be an individual no longer in foster care who reached 18 years of age while in foster care, or
- Be an individual adopted or obtained legal guardianship from foster care after reaching 16 years of age.

In addition, youth must meet the following requirements:

- Have an individual educational assessment and individual education plan completed by DCFS or their designee.
- Have submitted a completed application for the ETV Program.
- Applied to a qualified college, university, or vocational program. (Under the 2021 COVID Appropriations Bill, this requirement was waived.)
- Have applied for and accepted available financial aid from other sources before obtaining funding from the ETV Program.
- Have enrolled as a full-time or part-time student in a college, university, or vocational program. (Under the 2021 COVID Appropriations Bill, this requirement was waived.)
- Have maintained a 2.0 cumulative grade point average on a 4.0 scale or equivalent as determined by the educational institution. (Under the 2021 COVID Appropriations Bill, this requirement was waived.)

### *Method the State uses to Operate the ETV Program Efficiently*

DCFS continues to contract with DWS to manage the ETV program. Youth apply through DWS and complete the screening process. Following the screening process, applicants receive written notice

of approval or denial of their application. If denied, a written form is provided stating the reason for denial. This form also includes instructions for how to appeal the decision.

Once ETV approves an applicant as eligible to receive support through the ETV program, DWS completes an Individual Educational Assessment and an Individual Education Plan for each eligible applicant. DWS also makes it possible for enrolled youth to participate in paid internships or obtain financial support as they search for a job or take steps to build a career. DWS also helps youth between the ages of 14 and 16 who are more than one grade level behind receive academic support, which can help youth improve their performance in school, as well as help them graduate from high school at the same time as their peers.

DCFS and DWS hold a quarterly statewide meeting to staff complex cases, review guidelines and train staff. DWS case managers, in consultation with their supervisors, are allowed to authorize up to \$3,000, with an option of seeking approval from the Adolescent Program Administrator for an additional \$2,000. However, under the 2021 COVID Appropriations Bill, the amount DWS case managers, in consultation with their supervisors, were allowed to authorize temporarily increased to \$10,000, with an option of seeking approval from the Adolescent Program Administrator for an additional \$2,000. This temporary increase ended September 30, 2022.

To ensure the current budget and future allocations are reviewed on a regular basis, DWS sends a monthly budget report, quarterly program review, and annual report to DCFS.

DWS/WIOA is utilized to provide ETV services, and they adhere to a screening process that ensures funds are used appropriately. DCFS audits the DWS screening process.

## Education and Training Vouchers

The table below lists the total number of youths who received ETV awards for 2017-2018 through 2021-2022 school years and for the partial 2022-2023 school year (July 1, 2022 – April 1, 2023). It also lists the number of youths who received new ETV awards for the same time periods.

<b>Annual Reporting of Number of Youth Receiving Education and Training Vouchers</b>				
Utah School Year	New ETVs	Open ETV Enrollments	Closed ETV Enrollments	TOTAL ETVs Awarded
2017-2018 (July 1, 2017, to June 30, 2018)	53	143	68	264
2018-2019 (July 1, 2018, to June 30, 2019)	44	117	52	213
2019-2020 (July 1, 2019, to June 30, 2020)	36	102	46	184
2020-2021 (July 1, 2020, to June 30, 2021)	38	93	31	162
2021-2022 School Year (July 1, 2021, to June 30, 2022)	13	75	38	126
2022-2023 School Year <sup>1</sup> (July 1, 2022, to April 1, 2023)	9	22	22	53
<i>NOTE: <sup>1</sup> 2022-2023 complete school year numbers will be reported in next year's APSR.</i>				

### *Steps to Expand and Strengthen the ETV Program*

DCFS worked with DWS to update the ETV contract to ensure youth up to the age of 26 can obtain ETV funds and educational and employment guidance from DWS case managers. DCFS TAL Coordinators and DWS case managers received training on the new requirements.

### *Other Appropriate Education and Training Programs*

In 2018, DCFS was selected to participate in a college savings program through the Utah Educational Savings Program, My529. To participate in this program, a TAL Services youth attends a college prep class and earns an incentive. The incentive is deposited into a My529 college savings account. TAL youth can earn further incentives by completing milestones focused on their higher education goals.

The Utah Educational Savings Plan (UESP) continues to distribute Olene S. Walker Transition to Adult Living Scholarships, which help qualified youth transitioning out of foster care complete post-secondary certificate or degree programs at one of the Utah System of Higher Education institutions or Applied Technical Centers. Application for the scholarships can be completed online.

As presented above, in FFY 2019, the Adolescent Services Program Administrator and administrators at the University of Utah implemented the First Star Academy an intensive, four-week, on-campus experience for youth in foster care.

## Consultation with Tribes

In 2017, the Adolescent Services Program Administrator, Kinship Program Administrator, and the Domestic Violence Program Administrator accompanied the ICWA Program Administrator on individual visits with tribes, where the Program Administrators provided an orientation of DCFS programs to tribal leaders and offered technical assistance.

The Confederated Tribes of the Goshute Reservation have been contemplating the possibility of asking DCFS to provide all Chafee services to members of the tribe, but prior to COVID, no formal negotiations had taken place. Unfortunately, due to staff turnover and the challenges brought on by the pandemic, additional progress has not been made.

In April 2021, The ICWA Program Administrator and the Adolescent Services Program Administrator met with all Utah tribal leaders and presented the benefits of the TAL program and additional CARES Act funding for TAL use that was available to qualifying tribal youth.

The Adolescent Services Program Administrator and the Domestic Violence Program Administrator attend a quarterly Tribal and Indian Issues Committee Meeting, at which they provide information regarding TAL services and domestic violence services, including technical assistance available to tribes. The two Program Manager Administrators also attend monthly ICWA Specialist Meetings and are working with the ICWA specialists and tribal social service departments to enhance services for Tribal Youth.

Discussions occurred between Eastern Region and the Ute Tribe near Fort Duchesne Reservation. Youth living on the Fort Duchesne Reservation have been invited to participate in all Chafee classes and activities offered by the Eastern Region transitional team. To date, the Ute Tribe has not asked DCFS to provide Chafee program services.

The Adolescent Services Program Administrator has begun coordination with the Office of American Indian Alaska Native Health and Family Services (Office), detailed below in section VI. Consultation and Coordination between Tribes. The Office includes the positions of ICWA Liaison and Health Liaison. The newly formed Office will provide a unified collaborative approach to AI/AN child welfare services.

Please see below tables for FFY 2018-2022 TAL program data.

<b>Race and Ethnicity of Youth who Received TAL Services<sup>1</sup></b>										
Race	FFY 2018		FFY 2019		FFY 2020		FFY 2021		FFY 2022	
	Count	%								
American Indian or Alaska Native	60	4.7%	62	5.2%	60	4.7%	62	5.2%	48	5.0%
Asian	11	0.9%	11	0.9%	11	0.9%	11	0.9%	14	1.5%
Black or African American	93	7.2%	76	6.3%	93	7.2%	76	6.3%	69	7.2%
Multiracial Other Race Not Known	12	0.9%	11	0.9%	12	0.9%	11	0.9%	14	1.5%
Native Hawaiian/ Other PI	30	2.3%	26	2.2%	30	2.3%	26	2.2%	23	2.4%
Unable to Determine	23	1.8%	15	1.3%	23	1.8%	15	1.3%	7	0.7%
White	1123	87.1%	1065	88.8%	1123	87.1%	1065	88.8%	836	86.9%
TOTAL Receiving TAL Services <sup>2</sup>	1,290	104.9%	1,200	105.6%	1,290	104.9%	1,200	105.6%	962	105.2%
Hispanic Origin or Latino	297	23.0%	275	22.9%	297	23.0%	275	22.9%	229	23.8%

*NOTES: <sup>1</sup> All child counts are distinct and unduplicated. The percentage of children in each race group is calculated on the distinct count of children served each FFY. <sup>2</sup> One child may identify as more than one race; therefore, the sum of percentages will not equal 100%.*

Number of Emancipated Youth	
FFY	Count
2018	169
2019	120
2020	137
2021	115
2022	99

Number of Youth Receiving TAL Aftercare Services	
FFY	Count
2018	702
2019	641
2020	580
2021	684
2022	1,171

Number of Youth 14 and Older Exiting Custody to a Permanent Placement in FFY					
Permanent Placement	2018	2019	2020	2021	2022
	Count	Count	Count	Count	Count
Reunification with Parent(s)/Primary Caretaker(s)	154	141	142	101	106
Custody and Guardianship to Relative	64	73	54	77	63
Adoption Final	61	57	43	43	42
Custody/Guardian to Foster Parent/Other Nonrelated	23	21	18	24	16

## **VII. CONSULTATION AND COORDINATION BETWEEN STATES AND TRIBES**

*APSR Update:*

### **Impact of the COVID-19 Pandemic on Indian Country**

All Utah reservations are now fully open. During this past year, the state's plan for coordination and collaboration with tribes has included some virtual meetings with increased in-person meetings.

### **Department Consolidation and ICWA**

As presented in last year's APSR, DHS and DOH merged and became DHHS on July 1, 2022. Additionally, the DCFS ICWA Program Administrator vacated her position in March 2022, to accept a position with her tribe.

During the consolidation process, the DCFS ICWA Program Administrator participated in a consolidation steering committee focused on tribal representation. Committees and workgroups met at least weekly throughout much of 2021 to identify opportunities for optimal realignment to serve Utahans, including American Indians and Alaska Natives (AI/AN), more effectively.

Utah's eight federally recognized Tribes provided formal consultation on the consolidation process. One of the recommendations from the tribes was to create an Office of American Indian Alaska Native Health and Family Services (Office), and this recommendation was supported by the Utah Legislature.

### **Office of American Indian Alaska Native Health and Family Services**

The Office was created in September 2022. The Office Director, Ozzy Escarate, is a member of the newly consolidated DHHS Executive Leadership Team. The Office also includes the positions of ICWA Liaison (formerly the DCFS ICWA Administrator position) and Health Liaison. The DHHS ICWA Liaison is a member of the Navajo Nation. The newly formed Office will provide a unified collaborative approach to AI/AN child welfare services.

### ***Overview of the DHHS Office Director Responsibilities***

The Office Director is responsible to oversee and coordinate DHHS services for Utah's American Indian and Alaska Native populations and works across all DHHS programs to create reciprocal and collaborative relationships with tribes and tribal organizations.

## ***Overview of the DHHS ICWA Liaison Responsibilities***

The DHHS ICWA Liaison is responsible for:

- Acting as a liaison between DHHS and Utah's (AI/AN) populations regarding child and family services.
- Providing training to DHHS employees regarding the requirements and implementation of ICWA.
- Developing and facilitating education and technical assistance programs for Utah's AI/AN populations regarding available child and family services.
- Promoting and coordinating collaborative efforts between DHHS and Utah's AI/AN population to improve the availability and accessibility of quality child and family services for Utah's AI/AN populations.
- Interacting with state agencies and public and private providers of child and family services to improve delivery and accessibility of services for Utah's AI/AN populations.
- Facilitating monthly meetings with DCFS regional ICWA Specialists to review AI/AN child welfare cases, ensuring case practice adheres to ICWA.
- Representing the Office as a member of the Administrative Office of the Courts, Court Improvement Program, ICWA Compliance Assessment Working Group.
- Working with the Utah Division of Indian Affairs to address state Indian child welfare issues.
- Working with Utah Tribes in their requests for advocacy concerning Indian Child Welfare legislation and litigation.
- Working with the University of Utah College of Social Work SRI regarding DCFS research on equity and diversity in Utah's child welfare system.

The DHHS ICWA Liaison provides needed high-level services, such as attending DCFS Child and Family Team Meetings, court hearings and trials, as well as meeting directly with Utah Tribes on child welfare matters.

The DHHS ICWA Liaison, in collaboration with tribal leaders, reviews DCFS goals and objectives, identifies ICWA compliance-related issues, and discusses tribal concerns during quarterly Division of Indian Affairs Utah Tribal Leaders Meetings or during individual visits held one to four times per year with each tribe.

Additionally, the Office engages in informal communication with the tribes' social services departments on a regular basis through phone calls, emails, and ad hoc meetings. DCFS region leadership also directly interfaces with tribal leaders to address on-going case management and policy. Furthermore, the two largest Tribes in Utah, the Ute, and Navajo Nation, have continued quarterly briefings with DCFS on Utah ICWA cases, and the Paiute Tribe holds quarterly case staffing with the local Southwest Region (both headquartered in Cedar City, Utah). In addition, the DCFS

Eastern Region holds quarterly case staffing with the Navajo Nation. The tribal elected officials and their social service departments have a strong relationship with the Office.

Governmental, tribal, and private partners with which DCFS and the Office collaborates to ensure that the state complies with ICWA regulations or to address issues faced by Native American children and families include:

- Casey Family Programs-Indian Child Welfare Program.
- Urban Indian Center of Salt Lake.
- Bureau of Indian Affairs.
- Utah Department of Heritage and Arts-Division of Indian Affairs.
- DHHS Tribal and Indian Issues Committee.
- Court Improvement Program.

## **Utah's Plan for Coordination and Collaboration with Tribes**

During this past year, the state's plan for coordination and collaboration with Utah Tribes has included some virtual meetings with increased in-person meetings. The Director of the Office and the DHHS ICWA Liaison have prioritized in-person meetings with Utah Tribes and focused on introducing themselves and the role of the newly formed Office.

## **Process Used to Gather Input from Tribes**

The process used to gather input from Utah Tribes includes all forms of communication and happens regularly.

As of January 2023, in-person meetings have occurred with four of Utah's eight federally recognized Tribes. In-person meetings have included the Uintah Basin Ute Tribe and Ute Tribal Family Services, the Piute Tribe and Four Points Health, the Confederated Tribes of the Goshute, and the Navajo Nation and Navajo Nation Division of Social Services. Additional details of these meetings are presented below.

Introduction meetings that the Office Director and DHHS ICWA Liaison held with Utah Tribes and tribal services during September 2022 and FFY 2022 are listed below:

- September 2022 – Uintah Basin Ute Tribe and Ute Tribal Family Services

The Director provided a report on the newly formed Office and its structure. The Director and ICWA Liaison led a discussion regarding the state's interest in finalizing the existing IGA draft. The last agreement between DCFS and the Ute Tribe was signed in December 2008. Work on a revision began in 2020, but progress was stalled due to the pandemic.

- October 2022 – Piute Tribe and Four Points Community Health Center

The Director provided a report on the newly formed Office and its structure. A tour of the 638-health facility operated by the Piute Tribe was provided; this new facility opened in 2022. The Office Director and DHHS ICWA Liaison delivered diapers and other infant care supplies that had been donated by UFC. The Director and ICWA Liaison led a discussion regarding the state's interest in updating the existing MOU. The last MOU was signed in August 2010. The process of updating the agreement has begun.

- October 2022 – Confederated Tribes of the Goshute

The Director provided a report on the newly formed Office and its structure. The current ICWA statute effort was also discussed.

- November 2022 – Piute Tribe and Four Points Community Health Center

The MOU revision was finalized. The document is currently under review by the AAG.

- November 2022 – Navajo Nation and Navajo Nation Division of Social Services

This virtual meeting was the first quarterly meeting held since the start of the pandemic. The Director provided a report on the newly formed Office and its structure. The recent merger of DOH and DHS was also discussed. A plan for future meetings regarding a review of the current IGA was formed. The next meeting regarding the IGA is scheduled for March 2022.

- February 2022 – Navajo Nation Division of Social Services and ICWA Office

An introductory meeting was held and included the Office Director, the DHHS ICWA Liaison, and UFC, as a new Navajo Nation Division of Social Services.

Meetings that the DHHS ICWA Liaison held with partners in FFY 2022 are listed below:

- October 2022 – Native American Legislative Liaison Committee

The DHHS ICWA Liaison gave his first activities to the Native American Legislative Liaison Committee and will continue to provide these reports quarterly.

- November 2022 – DCFS Region ICWA Specialists

The DHHS ICWA Liaison held his third ICWA Specialists meeting with the Region ICWA Specialists. (The first and second meeting were held in FFY 2021.) The next meeting is scheduled for February 2023.

The Office Director and the DHHS ICWA Liaison have met with all of Utah's eight federally recognized Tribes this past year. DHHS policy updates and information on available resources have been shared.

Additionally, the Office Director and the DHHS ICWA Liaison have facilitated virtual monthly Utah Indian Health Advisory Board meetings, hosted by the Utah Office of AI/AN Health and Family Services. The meeting is attended by representatives from Utah's federally recognized Tribes. The ICWA Liaison presents ICWA updates during this meeting.

## **Responsibility for Provision of Child Welfare Services for Tribal Children**

There are eight federally recognized Native American Tribes in Utah: The Confederated Tribes of the Goshute Reservation, Navajo Nation, Northwestern Band of the Shoshone Nation, Paiute Indian Tribe of Utah (Cedar Band, Indian Peaks Band, Kanosh Band, Koosharem Band, Shivwits Band), San Juan Southern Paiute Tribe, Skull Valley Indian Community (Goshute), Ute Tribe (Uintah Band, White River Band, Uncompahgre Band), and Ute Mountain Ute Tribe in White Mesa.

DHHS has a formal consultation policy in place that supports tribal self-governance through regular and meaningful consultation with Utah Tribes. DCFS and the Office recognizes that each Utah Tribe is a distinct and sovereign government and works to ensure that jurisdictional and cultural barriers are respected. DCFS and the Office also recognizes that all children and families in Utah are Utah residents and ensures that services and assistance is extended to tribal families living either on or off the reservation.

Utah has current Memorandums of Understanding (MOU) or Intergovernmental Agreements (IGA) with five tribes: Navajo Nation (IGA), Ute Indian Tribe (IGA), Confederated Tribes of the Goshute Reservation (MOU), Northwestern Band of the Shoshone Nation (MOU), Paiute Indian Tribe (MOU).

An IGA draft with the Ute Tribe has been completed. Presently, the IGA is being reviewed by DCFS and the Assistant Attorney General's Office and the Ute Tribal attorney. A new draft remains in the final negotiation stages. In the event of a DCFS emergency placement of a Ute child on the Ute reservation, DCFS has requested that they be permitted to enter the reservation when they cannot reach tribal leaders or Ute Family Services. The Ute Tribe has not granted this permission. This has stalled finalization of the IGA, but negotiations continue.

In FFY 2021, the DCFS ICWA Program Administrator, DCFS Director, DCFS Federal Operations Administrator, Division of Indian Affairs Program Manager, and the DOH AI/AN Office of Health held

a formal consultation with the Confederated Tribes of the Goshute Reservation to discuss the Tribe's ability to qualify for Title IV-E funding, including FFPSA prevention services. DCFS and the Tribe are still exploring this possibility. During FFY 2022, there were no changes in the status of this IGA draft.

DCFS does not currently have IGAs with the Ute Mountain Ute Tribe or San Juan Southern Paiute Tribe, nor has it had IGAs with these Tribes in the past. The Office plans to collaborate with the Ute Mountain Ute Tribe's attorney to implement a new IGA once the Confederated Tribes of the Goshute Reservation IGA is finalized.

The Navajo Nation provides all child welfare services for its members living on the Reservation. Using funding received through a grant with DCFS, the Navajo Nation reports delivery of an organized and structured CPS program for children from birth through age 17 living on the portion of the Navajo Nation located in Utah. While this grant supports CPS services delivered by the Navajo Nation, it does not authorize DCFS to provide any protective services for Navajo children living on the portion of the Navajo Reservation located in Utah. As noted above, DCFS and the Navajo Nation meet quarterly to address problems in communication between the state and the Tribe regarding CPS services on the Navajo Strip. Along with the DHHS ICWA Liaison, the CPS Program Administrator, and Intake Program Administrator, and the DCFS Program Implementation Administrator are a part of these discussions.

The Northwestern Band of the Shoshone Nation use Utah's juvenile court and its attorneys to adjudicate child welfare cases, whereas the Skull Valley Goshutes and the Confederated Tribes of the Goshutes use their own juvenile court or coordinate with the Bureau of Indian Affairs to adjudicate child welfare cases. These two tribes also have their own health clinics located in multiple locations along the Wasatch Front and on their respective Reservations.

The Paiute Tribe relies on DCFS to conduct all CPS assessments but has their own ICWA staff that partner with DCFS caseworkers on CPS cases and in conducting assessments or completing home visits. The Paiute Tribe uses state courts to adjudicate all child welfare cases and uses its own foster care and kinship licensing standards to determine the suitability of potential foster families and to approve foster homes. DCFS has provided technical assistance to the Tribe and assisted them with the development of tribal licensing standards.

Please see the table below for information of the number of Native American children receiving DCFS services from FFY 2018-2022.

Native American Children Receiving Services										
Tribe Name	FFY 2018		FFY 2019		FFY 2020		FFY 2021		FFY 2022	
	Children	Cases								
Confederated Tribes of the Goshute Reservation, NV and UT	4	6	7	8	4	6	5	6	2	3
Navajo Nation AZ, NM, & UT	461	527	419	473	350	414	366	428	342	400
Northwestern Band of Shoshoni Nation of Utah (Washakie)	9	11	7	10	11	7	9	12	6	10
Paiute Indian Tribe, UT (Cedar City, Kanosh, Koosharem, Indian Peaks and Shivwits Bands)	72	82	60	68	55	64	53	67	42	44
Skull Valley Band of Goshute Indians of Utah									1	3
Ute Indian Tribe of the Uintah & Ouray Reservation, UT	12	9	12	12	4	9	6	6	1	1
Ute Mountain Tribe of the Ute Mountain Reservation, CO, NM, and UT	63	76	67	90	71	90	75	79	53	63
Other Tribe Not in Utah or Tribe Not Documented	10	12	9	8	7	12	6	7	8	8
TOTAL Native American Children Served	508	543	714	714	762	754	763	755	756	743

## Ongoing Coordination and Collaboration with Tribes and Steps to Improve or Maintain Compliance with ICWA

In collaboration with tribal leaders, the DHHS ICWA Liaison identifies ICWA compliance related issues and discusses tribal concerns during the quarterly Tribal Leaders Meeting or during individual meetings with tribal leaders.

The DHHS ICWA Liaison has the primary responsibility to monitor DCFS compliance with ICWA, as well as create and act on ICWA-related goals and objectives. The DHHS ICWA Liaison gathers information and coordinates DCFS activities with Utah Tribes during the monthly ICWA Specialists Meeting. At this meeting, tribal representatives receive updates on the status of agreements, discuss tribal issues, connect with DCFS Region ICWA Specialists, discuss national policy and statutes, and collaborate to implement ICWA requirements.

The DHHS ICWA Liaison is a member of the Court Improvement Program ICWA Workgroup and the Court Improvement Program ICWA Committee. The Court Improvement ICWA initiatives bridge the gap between Utah Tribes and state courts by fostering relationships between tribal partners and the courts, as well as by educating members about the special protections and procedural safeguards guaranteed by ICWA and Bureau of Indian Affairs regulations and guidelines.

### Monitoring of Compliance with ICWA

To better inform DCFS on its level of ICWA compliance, the DHHS ICWA Liaison continued work with a team of data analysts and programmers to develop a SAFE functionality that will allow ICWA workers to flag and retrieve reports on Native American children to whom ICWA applies. The plan for changes within the SAFE system has been defined. However, due to competing priorities, the final changes in SAFE have not yet occurred. It is anticipated that this SAFE update will occur in the coming year.

The DHHS ICWA Liaison is the DHHS staff member that has the responsibility to monitor DCFS compliance with ICWA. To meet this responsibility, the DHHS ICWA Liaison reviews cases in each region and assesses responses to the questions reviewers ask during CFSR+ to determine compliance with ICWA requirements. The DHHS ICWA Liaison plans to become CFSR+ certified in FFY 2024. In addition, the DHHS ICWA Liaison regularly consults with Utah Tribes to identify any areas of ICWA compliance that may need to be addressed.

## Steps to Secure ICWA Provision of Utah's Native American Children

### HB 40 - Utah ICWA

For decades, ICWA has been recognized by child welfare experts as the practice standard in child welfare. Anti-tribal interests have launched a series of legal challenges against ICWA. *Haaland vs Brackeen* is the most prominent.

The Office Director participated in a workgroup to draft H.B. 40, the Utah Indian Child Welfare Act. This bill is supported by the Governor's Office, Attorney General, and DHHS as an opportunity for the State of Utah to work with the eight tribal governments within the state to take the lead on preserving ICWA protections.

Recent legal challenges to the federal ICWA law in the *Haaland vs Brackeen* case heard by the US Supreme Court on November 9, 2022, have put into question the unique political status of American Indian tribal nations, their sovereignty, and self-determination. As a result, the State of Utah, through H.B. 40, supports the eight sovereign tribal nations' inherent right to exert their powers in matters dealing with their tribal members and is committed to protecting tribal families. Regardless of how the Supreme Court decides this case, codifying ICWA will ensure Utah is well-positioned to continue its coordinated statewide efforts between Utah's tribal governments and other critical stakeholders to provide care, protection, and promotion of cultural connection for all American Indian children and their families.

During the 2023 Utah Legislative Session, the Judiciary Committee reviewed H.B. 40 and chose to place the bill on pause, citing a need for more information. In particular, the committee stated that it would like to wait until the Supreme Court makes its decision regarding *Haaland vs Brackeen*, which the committee believes is necessary to informing their decision regarding H.B. 40. The Utah Legislature voted to not move forward with H.B. 40 at this time. H.B. 40 will be revisited in the 2024 Utah Legislative Session.

## **Family first Prevention and Services Act**

In response to multiple tribal requests for training on the Family First Prevention and Services Act (FFPSA), DCFS instituted its formal tribal consultation process. During FFY 2019, at the DHHS Tribal Indian Issues Meeting held at the Northwestern Band's Tribal Offices, DCFS partnered with Casey Family Programs and provided an expert on how FFPSA can benefit tribes. DCFS Federal Operations Administrator provided a presentation that included updates on the development of Utah's FFPSA plans. Subsequent collaborations with individual tribes included the Ute Tribe in Fort Duchesne, Utah, and the Confederated Tribes of the Goshute Reservation in Ibapah, Utah. DHHS and DCFS representatives attended the meetings, which included in-depth conversations on FFPSA, IV-E agreements, and updated Tribal-State IGAs.

The Prevention Services Clearinghouse has included two programs targeted to Indian families in their reviews, so far. In May 2021, the Title IV-E Prevention Services Clearinghouse rated Family Spirit as a promising program. Family Spirit is a culturally tailored home visiting program designed for young American Indian mothers. Positive Indian Parenting was also reviewed, but it was found as not being able to be rated. Utah is not considering adding new services to its Title IV-E prevention plan in the next year. However, DCFS will explore expansion for additional services in the next five-year prevention plan cycle, FFYs 2025-2029; this is when programs targeting Indian families could be added.

Utah has been coordinating with the State of Oregon on the request that Oregon submit to the federal government requesting approval to enter into Title IV-E agreements with tribes for only the prevention program. The law currently refers only to Title IV-E agreements for foster care and adoption, which Utah Tribes have indicated would

be currently too burdensome. If a decision is made that a Title IV-E tribal agreement could be made solely for prevention, it will likely be more feasible for Utah Tribes to benefit from FFPSA services.

## **ICWA Training**

In response to DCFS caseworker turnover and the need to ensure a properly trained workforce, the DCFS ICWA Program Administrator collaborated with tribal staff to create a mandatory ICWA training for caseworkers. During FFYs 2019-2021, the DCFS ICWA Program Administrator presented the training throughout the state, holding individual sessions in each of the Division's five regions. The four-hour ICWA training covered the history of ICWA, procedural and substantive safeguards of ICWA, Native American social justice issues, and ICWA's placement preferences. Tribal partners have participated in the sessions and informed caseworkers on best practices for working with tribal governments.

DCFS utilized the content from this training to develop an online training that is required as part of the new employee caseworker training that is completed within the first 90 days of employment. DCFS also provides an ICWA resource website and a toolkit on ICWA cases for caseworkers. The toolkit is designed to support frontline staff in complying with the statutory requirements of ICWA.

The First Impression/FAM program, described above in Objective #1.1 APSR Update, is in the process of creating a variety of training videos to support the work of FAM. One need identified by the First Impression/FAM program is the importance of showing the child welfare workforce what bringing a family's unique culture into a FAM process could look like. In the "Family culture and traditions" video, the ICWA Liaison arranged for parts of a Native American ceremony to be shown. The ICWA Liaison also participated in an interview where the importance of including family culture and family voice were discussed, as well as the benefits doing so brings to the families DCFS serves and to its workforce, by providing alternative ways to engage with families. Additionally, the ICWA Liaison also facilitated an interview with a Navajo Nation Peacemaker from the Aneth, Utah Judicial District. In this interview, the Navajo Nation Peacemaker provided context regarding the benefits of including the whole family and Native languages into the FAM process. The video has also sparked the interest of the CIP, who is exploring the possibility of creating similar videos for child welfare judicial training efforts.

## **Annual Utah Indian Child Welfare Conference**

The Annual Utah Indian Child Welfare Conference was held on December 2, 2022, at the University of Utah, SJ Quinney College of Law. The conference was sponsored by the University of Utah, the Utah State Bar, Indian Saw section, and the Utah Judiciary. The keynote address was presented by award-winning advocate, writer, host of the podcast, This Land, and citizen of Cherokee nation, Rebecca Nagel. The conference was attended by a combined in-person and virtual 150 participants.

## **Native American Summit**

The Utah Governor's Native American Summit, hosted by the Division of Indian Affairs, held its annual conference on August 7, 2021, at Utah Valley University. The UFC Native American Specialist and the ICAW Program Administrator co-presented on ICWA and foster care for Native American children in Utah.

The 2022 conference was held on July 28, 2022, at the University of Utah. The UFC Native American Specialist co-presented with the Children Services Society (CSS). The Native American Specialist presented on ICWA and foster care for Native American children in Utah, and the CSS presented on the programs they provide for Utah's Native American foster children. The conference was attended by representatives from Utah's eight federally recognized Tribes; attendees' ages ranged from youth to elders. A cultural presentation was provided by a group of Native youth. The conference was attended by 350 adults and 150 youth.

In the coming years, the UFC Native American Specialist and the DHHS ICWA Liaison intend to work together to provide a conference presentation on ICWA and foster care for Native American children in Utah. Plans are underway for the 2023 conference.

## **Utah Foster Care Foundation**

The DCFS ICWA Program Administrator and the UFC Native American Specialist addressed and updated the Native American Recruitment and Retention Plan, a process that occurs annually. During FFY 2022, the Native American Recruitment and Retention Plan was updated by the UFC Native American Specialist and informed by the DHHS ICWA Liaison. In the coming FFYs, the UFC Native American Specialist and the DHHS ICWA Liaison intend to work closely together on plan updates.

In previous years, the DCFS ICWA Program Administrator, attended UFC-sponsored Native American foster parent recruitment events and provided training on ICWA to potential foster parents, caseworkers, and other interested parties. During SFY 2022, UFC held 36 Native American foster parent recruitment events; 16 were held in-person and 20 were held virtually. In the coming FFYs, the UFC Native American Specialist and the DHHS ICWA Liaison intend to work together to provide these recruitment events and the DHHS ICWA Liaison will provide training on ICWA to attendees.

The DCFS ICWA Program Administrator and UFC Native American Specialist created an ICWA Alert to increase the number of Native American foster and adoptive homes by providing a targeted recruitment process. The ICWA Alert was released on November 5, 2022, and is a resource for DCFS caseworkers to quickly identify ICWA-compliant placements within each region. This was especially essential during the constraints of the pandemic. The ICWA Alert is also used to make known to the community unique needs of Native American foster children. Please see the table below for calendar year ICWA alert data.

Number of ICWA Alerts Issued		
SFY 2021	SFY 2022	Total
14	21	35

The DHHS ICWA Liaison and UFC Native American Specialist, in conjunction with Utah Tribes, provide press releases and conduct interviews with numerous media sources that run several newspaper, television, and radio promotions highlighting the benefits of tribal families becoming foster parents. While this collaborative work did not occur this past year, in the coming years, the UFC Native American Specialist and the DHHS ICWA Liaison intend to work together on media initiatives.

### **Discussions with Tribes on John H. Chafee Foster Care Program for Successful Transition to Adulthood**

During FFYs 2022 and 2023, the Office Director, the DHHS ICWA Liaison, and the TAL Program Administrator are working together to identify ways to engage Native American youth who are in Tribal custody or DCFS custody. The initial goal of the group is to reconnect the youth with their culture and language. However, the group recognizes the importance of gaining an accurate understanding of the need from the perspectives of Utah Tribes and are considering the best ways to gather this information, which will inform their future work. For example, one consideration is the creation of a survey for Tribal leaders to complete at the next monthly Utah Tribal Leaders Meeting. Once the group has a clear understanding of the need, a plan for how to respond will be made.

### **Exchange of Documents**

The DHHS ICWA Liaison is the individual responsible for providing copies of the CFSP, APSR, and other required documents to Utah’s Tribes. Tribes can also access plans and reports on the DCFS website located at [dcfs.utah.gov/reports](https://dcfs.utah.gov/reports).

### **Utah Tribal Leaders Public Contact List**

Please see the below tables for a March 2023 update of the Utah Tribal Public Contact List.

**Utah Tribal Leaders Public Contact List**

Updated March 2023

CONFEDERATED TRIBES OF GOSHUTE

Tribal Chairman	Tribal Vice Chairman	Council Member
<p>HC 61 Box 6104 195 Tribal Center Road Ibapah, UT 84034</p> <p>Wk: 435-234-1138 Fax: 833-228-6507</p>	<p><b>Amos Murphy</b></p> <p>HC 61 Box 6104 195 Tribal Center Road Ibapah, UT 84034</p> <p>Work: 435-234-1138 Fax: 833-228-6507</p> <p><a href="mailto:Amos.murphy@ctgr.us">Amos.murphy@ctgr.us</a></p>	<p><b>Hope Jackson</b></p> <p>HC 61 Box 6104 195 Tribal Center Road Ibapah, UT 84034</p> <p>Work: 435-234-1138 Fax: 833-228-6507</p> <p><a href="mailto:Hope.jackson@ctgr.us">Hope.jackson@ctgr.us</a></p>
Council Member	Council Member	Tribal Council Secretary
<p><b>Doyle Pete</b></p> <p>HC 61 Box 6104 195 Tribal Center Road Ibapah, UT 84034</p> <p>Phone: 435-234-1138 Fax: 833-228-6507</p> <p><a href="mailto:Doyle.pete@ctgr.us">Doyle.pete@ctgr.us</a></p>	<p><b>Mary Pete-Freeman</b></p> <p>HC 61 Box 6104 195 Tribal Center Road Ibapah, UT 84034</p> <p>Phone: 435-234-1138 Fax: 833-228-6507</p> <p><a href="mailto:Mary.freeman@ctgr.us">Mary.freeman@ctgr.us</a></p>	<p><b>Phyllis Naranjo</b></p> <p>HC 61 Box 6104 195 Tribal Center Road Ibapah, UT 84034</p> <p>Phone: 435-234-1138 Fax: 833-228-6507</p> <p><a href="mailto:Phyllis.naranjo@ctgr.us">Phyllis.naranjo@ctgr.us</a></p>

NAVAJO NATION

President	Exec. Staff Assistant - President/Immediate Staff	Executive Staff Assistant (Utah)
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## VIII. CAPTA STATE PLAN REQUIREMENTS AND UPDATES

### Changes to State Law or Regulations

The State Attorney General's Office completed its review of changes in state law related to the prevention of child abuse and neglect and determined there were no changes that affect the state's eligibility for the Child Abuse Prevention and Treatment Act (CAPTA) State Grant. Please see Attachment J State Attorney General's Letter – CAPTA and Attachment K. 2023 Utah Legislative Session Statutes Applicable to CPS.

### Changes from the State's Previously Approved CAPTA Plan and Planned Use of Funds to Support 14 Program Areas

#### Changes to CAPTA State Plan

Utah is making the following substantive changes in the previously approved plan to improve the child protective services system in designated program areas under CAPTA Section 106(a).

Program Area #1: Intake, assessment, screening, and investigation.

Maintain and update the following goal:

- 1.1 Design and implement a system that supports CPS workers in responding to a referral in a way that better ensures child safety commensurate with identified child vulnerabilities and allegations.

#### *First Impression and Family Action Meetings*

First Impression focuses on improving the flow of a family's case at the onset of DCFS involvement when safety issues have been identified, to set families up for a greater chance of success. The response intentionally involves families and their wider circle to address safety for children.

This includes increasing family voice and engagement within the initial safety assessment of a case through the facilitation of upfront family-driven teaming, intense search for and engagement of kin and initial kin placements and reducing systemic barriers to accessing evidence-based and appropriate services in a timely manner.

First Impression intensively focuses on the onset of a CPS assessment. Since families are the experts on their experiences, needs, and strengths, family voice needs to be heard early during DCFS involvement to ensure inclusion of the family in decision-making and in resolving safety concerns. Robust teaming with the right participants helps to develop tailored plans, determine necessary services to resolve safety issues, and mitigate risk. Families benefit from the increased social connections this model supports.

## *Pilot*

In March 2021, DCFS began a contract with the Kempe Center for its assistance with the First Impression project, including implementation of a pilot, discussed below. The Kempe Center works with pilot site coordinators on all phases of the process.

The First Impression workgroup selected a teaming model process, Family Group Decision Making (FGDM). Through work with the Kempe Center, modifications to FGDM were made and focused on how to use this framework for creating an expedited response at the CPS level to support children and families quickly and at the point they initially become involved with DCFS. Additional modifications were tailored to specifically address Utah's child welfare system. The name given to this new process is Family Action Meeting (FAM).

To establish the First Impression/FAM pilot, two rural and one urban site were selected. The pilot sites have helped to facilitate a broad spectrum of information, which has informed the process, including its expansion, with an eventual plan to scale the project statewide. Within the pilot sites, capacity was created to support the existence of a coordinator role. This position works with the family to help them build their support system. In response to lessons learned throughout the pilot phase, DCFS and the Kemp Center are continually refining and improving processes. An overview of FAM is provided below.

### *Family Action Meetings*

The family support system is invited to the FAM, which is held at the onset of a CPS assessment to address safety concerns. FAM increases family voice in the planning process and places effort on keeping children home safely, whenever possible. A primary focus of FAM is for families to experience less trauma; this is accomplished with fewer unnecessary removals and increased support from kin, which occurs by bringing kin into the process early and robustly. FAM intentionally creates transparency and strategically shifts the power differential from DCFS to the family.

FAM facilitates an expedited response when a safety concern is identified. A referral meeting is held one business day from the initial CPS referral, and a FAM is held three business days from the referral meeting or prior to the shelter hearing. Each phase of FAM is designed to address the power differential between the family group and DCFS. There are four phases to the FAM process:

1. Referral
2. Preparation
3. Meeting
4. Plan Implementation and follow-up

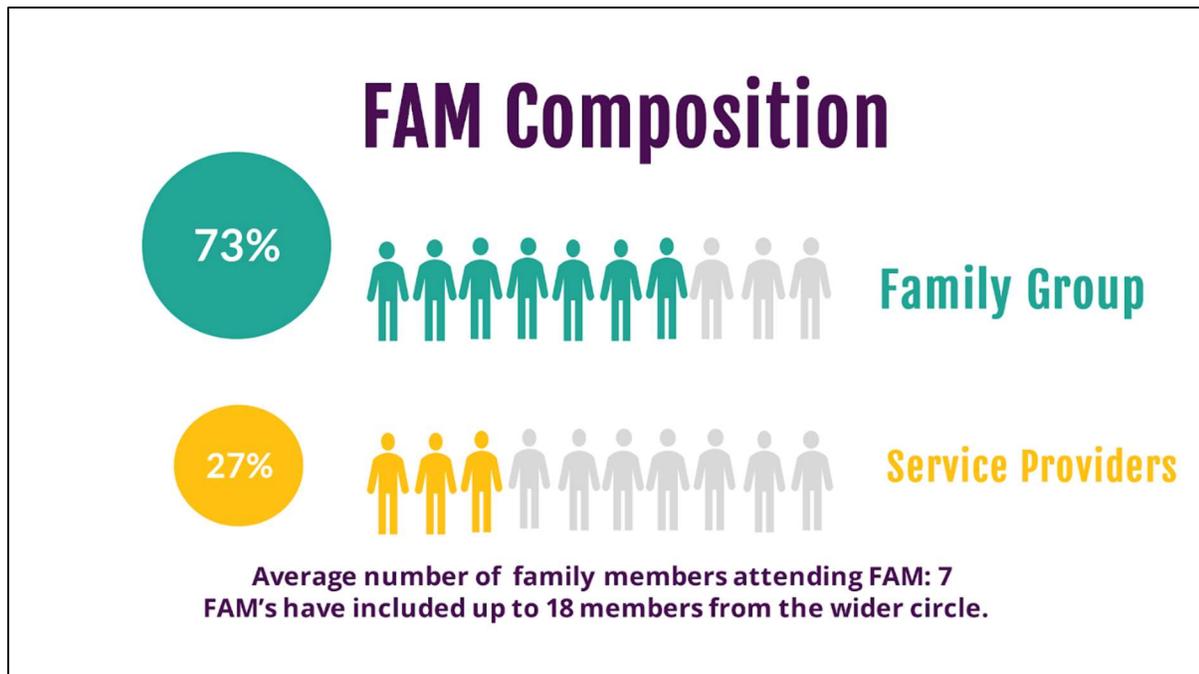
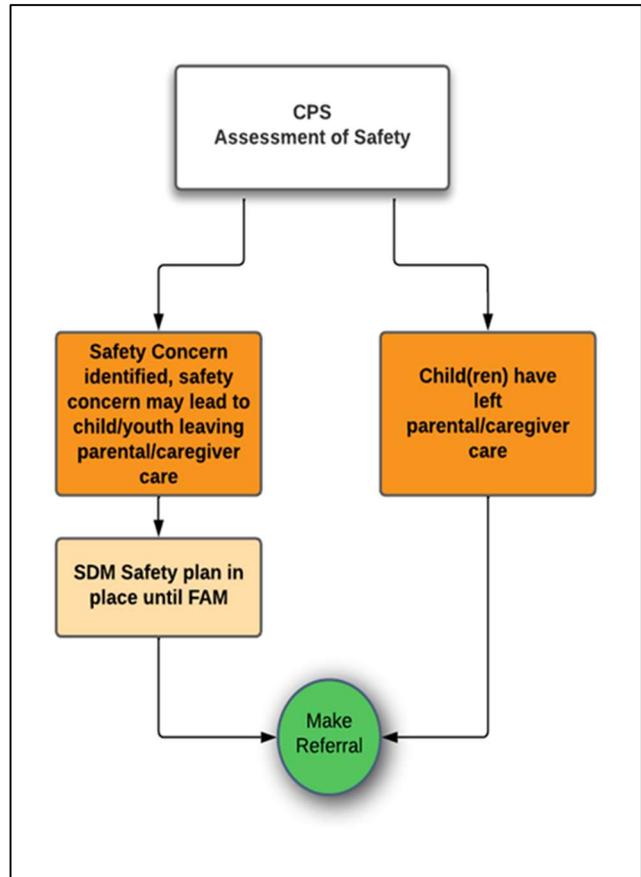
A goal of the FAM process is for families to be a part of the decision-making team and partner with system representatives to create consensual decisions acceptable to all parties.

Before a referral is made, it must be determined that there is sufficient information to explain to the family what the child safety concern is.

In the family group, DCFS and the family's wider support system address safety concerns. This is the context for child welfare and safety resolution.

The family group and DCFS work together to develop a plan through consensus to address safety concern(s). The relationship of the family and caseworker is improved because the family is involved in making case decisions, instead of being told by DCFS what is going to happen.

The plan guides how the family and DCFS work together moving forward. The average family group makes up 73% of participants, whereas service providers make up 27%.



### *Plans for Expansion*

During FFY 2021, DCFS determined that, to prepare for a successful expansion of FAM beyond the two pilot sites, a Program manager, who will train and monitor the process is maintained to fidelity, was hired. Also, capacity was created to support having a team of specialized FAM coordinators. The process of hiring FAM coordinators is underway.

In November 2022, a seed office in the Northern Region and a second Salt Lake Valley Region office were launched. The goal for FAM expansion is to implement a seed office in FAM-less DCFS Regions and expand the existing pilot regions as capacity allows. The next seed office is planned for launch in the Eastern Region.

In addition to implementing the FAM seed offices, there is a focus to train leadership on the FAM process. Multiple cohorts of leadership are going through robust FAM training from the Kempe center to increase understanding and build internal capacity. Thus far, members of leadership teams from all five regions have been trained and include region directors, associate region directors, administrators, supervisors, and lead workers.

DCFS is also working with the Assistant Attorney General (AAG) team to increase understanding of the new approach and support having FAM plans advocated for when there is court involvement. DCFS met with the AAG section directors in September 2022 to introduce the process and share initial outcomes. DCFS has also been invited to present at an AAG conference in April and provide training to the full AAG team.

While it is still early in the implementation process, the First Impression workgroup is encouraged by how the process of First Impression and FAM is being received.

Maintain and update the following goal:

- 1.2 The design and implementation of vulnerable population guides and training regarding how to assess and intervene with children who are in a vulnerable population has been completed, as well as the completion of a safety assessment staffing guide and training for all populations. The training courses help to ensure the proper assessment of and interventions for children from vulnerable populations and address questions regarding the proper use of the guides, thereby improving assessment of safety for vulnerable populations.

DCFS continues to offer and provide training courses statewide when requested by regional directors, administrators, or team supervisors.

Program Area #2A: Creating and improving the use of multidisciplinary teams and interagency, intra-agency, interstate, and intrastate protocols to enhance investigations.

Maintain and update the following goal:

- 2.A.1. Establish a protocol for CPS workers to consult directly with medical staff at Primary Children's Hospital Safe and Healthy Families Program.

### *Safe and Healthy Families Medical Consultations*

In February 2021, DCFS contracted with Primary Children’s Safe and Healthy Families (SHF) Program to enable CPS staff to access professional medical consultation regarding child abuse and neglect investigations. DCFS will continue to monitor the contract and make adaptations as needed.

The SHF medical consultation process began with the first referral to the program on February 24, 2021. Since that time, all five DCFS Regions have accessed the service. SHF has provided DCFS staff with a formal process to consult with a Child Abuse Pediatrician on difficult cases with suspected child abuse and neglect. At the conclusion of the SHF consultation, the caseworker is provided with written recommendations. A Continuous Quality Improvement (CQI) plan is in place to monitor utilization and effectiveness of the SHF consultation process. Please see the table below for medical consultation data.

<b>Safe and Healthy Families Medical Consultations</b>			
	2021 <sup>1</sup>	2022	Total
Number of Medical Consultations	39	47	86
<i>NOTE: Data for calendar year 2021 starts in February 2021, as this is when the program began.</i>			

The CAPTA Program Administrator receives regular feedback from the SHF physician about how the process is going and any challenges with service delivery. The CAPTA Program Administrator brings the feedback to the State CPS Committee and receives their input on how to address challenges and further refine the process. The benefits of SHF include DCFS receiving a medical opinion and advice on complex child and abuse cases. It also helps DCFS staff address the hard-to-understand medical aspects of a case. The SHF physician also staffs difficult cases with the CAPTA Program Administrator.

### *Care Conferences*

With the assistance of SHF physicians, primary care providers, other medical specialists, and the AAG, DCFS holds Care Conferences on complex cases to address medical neglect concerns. DCFS staff attendance at Care Conferences typically includes the CAPTA Program Administrator, DCFS caseworkers, supervisors, and administrators. In these meetings, complex medical neglect cases are reviewed, and the child’s medical issues are discussed in detail. The medical care the child is receiving, as well as the additional recommended care, if applicable, are also discussed. A plan for how to best provide for the child’s needed medical care is created, including assistance that the family may need to ensure proper provision of care. While removal of a child is not the desired outcome, depending on the severity of the medical neglect and the child’s health status, consideration of removal can be a part of the discussion during a Care Conference.

Maintain and update the following goal:

- 2.A.2. Continue to expand work done in conjunction with the Child Welfare Improvement Committee (CWIC) and the five region Quality Improvement Committees (QIC).

DCFS continues its work with the CWIC and QIC committees to improve communication processing regarding CPS investigations and child welfare services at the state and community levels. DCFS Child Protective Services Program Administrator and the Child Abuse Prevention Program Administrator, along with invited CWIC and QIC members, attend national-level CWIC meetings to learn strategies and techniques on how to recruit CWIC and QIC members and increase meeting effectiveness.

During the past year, the DCFS Child Protective Services Program Administrator and the Child Abuse Prevention Program Administrator also meet monthly with Utah's one CWIC and five region QIC committees to work on reorganizing to create at least three Citizen Review Panels (CRP) within the state that will focus on prevention of child abuse and neglect, CPS, and ongoing child welfare cases. The Child Protective Services Program Administrator attended the National Citizen Panel Conference held May 23-25, 2022. There is not a conference planned for 2023. In 2024, plans are to hold the conference in Minnesota.

In December 2022, Utah's Child Abuse Prevention Program Administrator accepted a new position. The recruitment of a new Child Abuse Prevention Program Administrator is underway.

Please see Attachment I. CPS Citizen Review Panel Annual Report - Calendar Year 2022.

Add the following goal:

- 2.A.3. Inform Utah's Child Welfare System through interstate communication and collaboration.

The Child Protective Services Program Administrator routinely communicates with other states to ask questions about their practices and protocols regarding child welfare work in their state. Information gained helps to inform Utah's Child Welfare System.

Program Area #4: Developing, improving, and implementing safety and risk assessment tools and protocols.

Maintain and update the following goal:

- 4.1. The development of a plan for implementation and use of the revalidated Structured Decision Making (SDM) risk assessment and risk reassessment tools, which includes SAFE programming of the tools and making them available in the SAFE forms' module, has been completed.

The continued provision of SDM risk assessment and risk reassessment training is ongoing to ensure proper assessment of safety and risk, as well as fidelity in use of the tool.

SDM risk assessment and risk reassessment training are a part of all New Employee Practice Model Training. DCFS continues to provide subsequent SDM training courses when requested by region directors, administrators, and team supervisors. The subsequent training courses address questions and help clarify proper use of the tools, improving the assessment of safety.

Program Area #5: Develop and update systems of technology supporting and tracking reports of child abuse and neglect from Intake through final disposition.

The following goal has been completed:

- 5.1. Develop new and revise existing CPS modules within SAFE to transition from Web SAFE to CCWIS.

This goal has been completed.

It may also be noteworthy that DCFS is adding its Suicide Screener tool to CCWIS, and it is anticipated this will be completed in spring 2023. Currently, the tool is a pdf document, on which workers record results. Having the tool in CCWIS will improve efficiency.

Program Area #6: Developing, strengthening, and facilitating training.

Maintain the following goals:

- 6.1. Develop and provide training for CPS workers addressing identification, assessment, and provision of services to children who are sex trafficking victims.

Initially, a training curriculum was developed for CPS workers in collaboration with a community provider. DCFS is collaborating with the Utah Trafficking in Persons task force to

review and bolster the curriculum. The project management team is also expanding use of the curriculum in training beyond CPS to all program areas.

Statewide training provided to all DCFS staff was originally scheduled to occur by the end of 2022. However, due to competing demands, the training was released in spring 2023. After the training is provided to all current staff, it will become a part of DCFS new employee training curriculum as part of a desktop training series.

- 6.2. Provide updated training to staff and legal partners once the SDM Risk Assessment and Risk Reassessment are revalidated and revised.

SDM Risk Assessment and Risk Reassessment updates were completed in SAFE, and DCFS provided training to all staff on these tools in April 2022. Please see Program Area #4, Goal 4.2 for a more detailed update.

DCFS will also provide information about the revised SDM tools to legal partners, as requested; partners may include judges, GALs, AAGs, and parental defense attorneys.

- 6.3. Partner with Baby Watch Early Intervention Program (BWEIP) to provide cross training for staff of both agencies on child welfare services and early intervention services and child development of children ages 0-3.

DCFS finalized an MOU with BWEIP in 2020. The creation of a BWEIP training course for DCFS staff was planned; however, due to COVID, the training was not completed.

DCFS and BWEIP remain in the planning stages for creation of cross training curriculum. During the cross training, DCFS will teach early intervention staff about DCFS guidelines and processes. BWEIP will train DCFS supervisors about the state's early intervention programs, services, and eligibility requirements. Following completion of this training, local DCFS and BWEIP offices will be encouraged to meet with two goals in mind. These goals are:

1. Beginning new and building upon existing professional relationships
2. Finding new ways for future collaboration in the provision of BWEIP and DCFS services to Utah children and families.

The teams met and discussed how to proceed. It was determined that, due to the competing demands of the DHS/DOH merger, area BWEIP groups would contact their regional DCFS training teams to coordinate a training event. Unfortunately, due to current staffing challenges and competing demands the training courses did not occur in FFY 2022.

Maintain and update the following goal:

6.4. Provide DCFS staff Family Action Meeting training.

In FFY 2023, DCFS will begin providing training to DCFS staff on what a Family Action Meeting (FAM) is, the benefits of a FAM, and proper facilitation of a FAM.

Training is being managed in a phased roll out. Training has been provided to select offices in Northern, Salt Lake Valley, Southwest, and Eastern Regions. Progress is ongoing.

Please see Program Area #1, Goal 1.1 for a more detailed update.

Program Area #7: Improving the skills, qualifications, and availability of individuals providing services to children and families, and the supervisors of such individuals, through the child protection system, including improvements in the recruitment and retention of caseworkers.

Please see ASPR Goal #3, Objective 3.1, *Measure 3.1.a* for information regarding work completed in FFY 2023 related to Program Area #7.

Program Area #10: Developing and delivering information to improve public education relating to the role and responsibilities of the child protection system and the nature and basis for reporting suspected incidents of child abuse and neglect, including the use of differential response.

Maintain the following goal:

10.1. Provide mandatory reporting of child abuse and neglect training that will help government, non-profit, and private entities identify what constitutes abuse and neglect, their responsibility to report abuse and neglect, and when and how to report abuse and neglect.

DCFS continually provides training to members of the community, its partners, and other government entities, as requested or needed.

Program Area #11: Developing and enhancing the capacity of community-based programs to integrate shared leadership strategies between parents and professionals to prevent and treat child abuse and neglect at the neighborhood level.

Maintain the following goal:

11.1. Continue to develop and strengthen community-based programs through shared leadership strategies by supporting the involvement of parent leadership.

During FFY 2022, Utah's prevention grantees have engaged parents in a variety of ways. Several programs include parents on their advisory boards and run parent-only advisory councils. Many programs facilitate parent cafes or utilize parent volunteers to lead community activities. A few programs also employ parents who have utilized their services in the past.

In FFY 2022, many grantees participated in NFSN National Standards Certification courses to learn more about effective parent engagement. Grantees were also required to participate in FRIENDS' Creating Effective Parent/Practitioner Collaboration online training.

The Child Abuse Prevention Program Administrator recently amended existing contracts to ensure that measures and outcomes conform to the [Results Based Accountability](#) framework. One of the new measures included a count of the total number of parents engaged in leadership activities, with an expected outcome that the number will increase throughout each year of the contract. The Child Abuse Prevention Program Administrator intends to include a specific percent increase target in the next scope of work.

In FFY 2022, the Parent Engagement, Support, and Education subcommittee of Early Childhood Utah (ECU), of which the Child Abuse Prevention Program Administrator is a member, made significant progress on parent engagement work in the early childhood community. The group received funding from ECU to provide honorariums to parents who participate in leadership activities. The group hosted several in-person and virtual parent meet-and-greets to identify possible parents to engage in this work. Through these efforts, the group identified five parents who are now engaged with the subcommittee.

During FFY 2022, the Child Abuse Prevention Program Administrator recruited five parents with lived experience to join the Child Welfare Improvement Council – two foster parents and three parents with lived experience in the child welfare system. One of these parents decided that the CWIC was not the right fit for her personal goals, but the other four parents are still involved and very engaged in the process. The Program Administrator has made efforts to provide extra time and attention to these parents to support their long-term engagement with CWIC.

State grantees are working to improve parent leadership efforts. One example is several grantees established parent advisory committees for the first time this year. One grantee reported that two parents were actively involved for the first year and four parents committed to participating in the coming year. During a state grantee meeting, this grantee received guidance from other grantees who have successfully been running parent advisory councils. The grantee also received support and inspiration when attending the CBCAP regional meeting in Salt Lake.

Program Area #12: Supporting and enhancing interagency collaboration between child protection system and the juvenile justice system to improve delivery of services and treatment.

Maintain the following goal:

12.2. Continue to collaborate with the Children Justice Centers (CJC) on initiatives important to both agencies.

DCFS continues to utilize the CJs for forensic interviewing of children suspected to be victims of maltreatment, multi-disciplinary case staffing, and medical evaluations of children suspected to be victims of maltreatment.

Program Area #13: Supporting and enhancing interagency collaboration among agencies in public health, the child protective service system, and private community-based programs to provide prevention and treatment services.

On March 23, 2021, Governor Cox signed H.B. 365, "State Agency Realignment," which consolidated the Utah Department of Health and Utah Department of Human Services into a single state agency, effective July 1, 2022. The merger of the two departments has improved collaboration efforts and it is anticipated will continue to do so. Please see APSR Introduction section, State Agency Realignment subsection, for more information regarding the merger.

Maintain the following goal:

13.1. Collaborate with the Office of Substance Use and Mental Health (OSUMH), formerly the Division of Substance Abuse and Mental Health (DSAMH); DHHS public and private health care providers, and families to improve the community response and resources available to pregnant mothers using substances and to mothers and their infants born and identified as being affected by substance abuse or withdrawal symptoms resulting from prenatal drug exposure or a fetal alcohol spectrum disorder.

Progress on this goal is reported in the Addressing Needs of Infants Affected by Illegal Substances or with Fetal Alcohol Spectrum Disorder section below.

Program Area #14: Develop and implement procedures for collaboration among child protective services, domestic violence services, and other agencies.

Retain the following goal as an ongoing process:

14.1. Collaborate with DHHS Office of Continuous Quality Improvement (CQI) and other partners to review child fatalities.

DCFS continues working on a Collaborative Safety Model with the Office of CQI as a part of the fatality review process. Using Safety Science, the Collaborative Safety Model focuses on systemic issues that may have contributed to a fatality or near fatality, instead of placing the onus of the fatality or near fatality solely on the worker. The Collaborative Safety Model includes an in-depth review of the systems involved with the victim through in-person interviews and document reviews. This process helps to identify learning points at all system levels that may need to be explored. The Collaborative Safety Model team provided training to all DCFS staff in the fall of 2020.

Through coordination with the Office of CQI, DCFS has implemented the Collaborative Safety Model for use in its review of fatalities. The Office of CQI and DCFS continue to collaborate, refine, and improve the fatality review process. The group will address any needs for system change, if identified.

## **How CAPTA Grant Funds Were Used to Support Program Purposes**

In the past year, CAPTA grant funds were used to strengthen Utah's child protective services system and, specifically, to support several of the CAPTA program purposes. For example, funds from the CAPTA allocation were used to support activities of CPS and Intake Program Administrators and provide training to CPS and Intake program staff, which created increased capacity to support and improve the Intake, assessment screening, and investigation processes. These processes are consistent with program purpose number one. This use of funding also supported program area number ten, which is specific to improving public education related to the role and responsibilities of the child protection system and reporting incidents of abuse or neglect.

In April of FFY 2022, a new CAPTA funded position was created. This position is responsible for further implementation of Plan of Safe Care and working with Utah's Citizen Review Panels. The role of this position is consistent with Program Areas #1, #2, and #13.

Funds supported the CPS Program Administrator's attendance at the International Symposium on Child Abuse.

CAPTA funds were used to purchase lock boxes for workers to distribute to families for the purpose of safely securing medications and firearms. Lock boxes are most often provided to families in response to Suicide Screener results.

CAPTA funds were planned for use to support local CPS Citizen Review Panels (CWIC and QICs), which support multiple program purposes related to collaboration and improvement of the CPS system. This past year, some in-person meetings resumed; however, due to an abundance of caution, many meetings have continued to be held virtually. Therefore, some CAPTA funds have been used to support these meetings.

As discussed in Program Areas #1 and #6, CAPTA funds are being used to contract with the Kempe Center to create a process similar to a Family Group Decision Model. In conjunction with the Kempe Center, DCFS created a process called FAM.

Funds were also used to support contract services for improving child abuse and neglect determinations by funding child abuse and neglect medical examinations and medical consultation through the Primary Children's Hospital Safe and Healthy Families Program's child protection team and nurses at Utah's Children's Justice Centers. This service supports Program Areas #2A and #13.

Please see the table on the next page for the number of medical evaluations and consultations provided under the contract during state fiscal years 2017-2021 and through quarter three in 2022.

AG-DCFS Contract for CJC Medical Program												
County	SFY											
	2017 Total	2018 Total	2019 Total	2020 Total	2021 Total	2022 Total	2023 Q1	2023 Q2	2023 Q3	2023 Q4	2023 Total <sup>1</sup>	2017 - 2023 County TOTALS <sup>2</sup>
Salt Lake	243	177	148	139	293	80	34	41	36	-	-	1,080
Sevier & Sanpete	13	17	12	37	28	21	10	10	2	-	-	128
Utah	33	28	32	45	46	70	62	-	-	-	-	254
SFY TOTALS	289	222	192	221	367	171	104	51	38	-	-	1,462

NOTES: <sup>1</sup>2023 Total is excluding Q4, which has not yet concluded. <sup>2</sup>2017-2023 Total is excluding 2023 Q4 data, which has not yet concluded.

## Planned Use of CAPTA Funds

During FFY 2023, CAPTA grant funds will be used to improve and support Utah's CPS system in a variety of ways. Funds will continue to be used to support salaries for Intake and CPS Program Administrators, Intake program staff, provide training to CPS and Intake program staff, support activities of the CPS Citizen Review Panels (CWIC and QICs), and provide for attendance at the National State Liaison Officers meeting, if held in person, and other child protection-related conferences.

Funds will also continue to be used to improve child abuse and neglect determinations by contracting for child abuse and neglect in-person medical examinations and medical consultation through the Primary Children's Hospital Safe and Healthy Families Program's child protection team and nurses at Utah's Children's Justice Centers.

DCFS will continue to contract with Primary Children's Safe and Healthy Families Program to provide a non-person medical consultation option for DCFS. Under this option, via use of a link, workers submit a request for consultation with a child abuse pediatrician regarding concerns of children with sentinel injuries, special health care needs, and serious injuries. This service is under Program Area #2A.

CAPTA funds may be used for DCFS employee training costs pertaining to CPS investigations that are not allowable under Title IV-E.

As discussed in Program Areas #1 and #6, CAPTA funds will continue to be used for a contract with the Kempe Center to create a process similar to a Family Group Decision Model. In conjunction with the Kempe Center, DCFS created a process called FAM.

CAPTA funds may be used to purchase and provide pack 'n plays or other similar items that meet the Consumer Product Safety Commission safe sleep criteria for families identified in need by DCFS.

CAPTA funds may be used to purchase lock boxes for distribution to families identified in need by DCFS. The purpose of a lock box is to safely secure medications and firearms. Lock boxes are most often provided to families in response to Suicide Screener results.

SBI is the software DCFS Intake uses to determine which law enforcement agency to send a child abuse and neglect report to. DCFS has a contract in place to provide for the maintenance of the software, should it be needed. CAPTA funds will be utilized to support the maintenance and continued use of SBI Software, should it be needed.

CAPTA funding may be used to create additional capacity for programs and services and to increase caseworker knowledge and capacity.

DCFS, as part of its development of Plan of Safe Care, is forming specific plans to develop or improve programs and services in response to infants born with substance use disorders and infants showing withdrawal symptoms, and/or parents with a substance abuse disorder.

As noted above, in April of FFY 2022, a new CAPTA funded position was created. This position is responsible for further implementation of Plan of Safe Care and working with Utah's Citizen Review Panels. The role of this position is consistent with Program Areas #1, #2, and #13.

Utah was awarded \$1,262,933 in supplemental CAPTA grant funds under the American Rescue Plan Act, with funds available for use from October 1, 2020, to September 30, 2025. Please see subsection American Rescue Plan Act below for a description of planned use of these funds.

Utah may also use available CAPTA and CAPTA ARPA funding to support expanded capacity at intake.

## **CPS Citizen Review Panel Annual Report**

Please see Attachment I CPS Citizen Review Panel Annual Report - Calendar Year 2022.

## **Addressing Needs of Infants Affected by Illegal Substances or with Fetal Alcohol Spectrum Disorder**

Utah is continuing efforts to address the needs of infants born and affected by substance abuse or experiencing withdrawal symptoms resulting from prenatal drug exposure or a fetal alcohol spectrum disorder.

## **Changes in Implementation or Lessons Learned**

The Utah legislature made changes to allow calls to the child welfare hotline that involved pregnant women with substance use disorder that did not meet criteria for a DCFS investigation to be shared with the DHHS Office of Substance Use and Mental Health (OSUMH), formerly the Department of Human Services (DHS) Division of Substance Abuse and Mental Health (DSAMH), and the Office of Home visiting. These agencies engage the family and connect them to treatment options in their area. Utah hopes this approach to early treatment engagement will increase parent requests for help and will feel less punitive.

In May 2020, DCFS Intake began deferring calls concerning pregnant women to OSUMH. On May 6, 2020, Intake received its first call that resulted in a deferral of a pregnant mother. At the end SFY 2021, DCFS had deferred 113 families to OSUMH for supports and services related to prenatal

substance use and parenting needs. Please see the table below for SFY 2021 data.

<b>SFY 2021 Pregnant Mothers Initial Date of Deferral from DCFS to DASMH</b>				
DCFS Service Return within One Year of the Initial Date of Deferral	SFY 2021 <sup>1</sup> Number of Families	SFY 2021 Percent of Families <sup>2</sup>	SFY 2022 Number of Families <sup>3</sup>	SFY 2022 Percent of Families <sup>3</sup>
CPS Only	20	18%		
In-Home PSC – Voluntary	7	6%		
In-Home PSS – Court Ordered	10	9%		
Foster Care	28	25%		
No Further DCFS Involvement	47	42%		
Deceased	1	.01%		
TOTAL Cases <sup>1</sup>	113	100%		
<i>NOTES: <sup>1</sup>SFY 2021 Data includes May 6- June 30, 2021, as May 6 is the program's first date of deferral. <sup>2</sup> Total Percent of Families may not total 100% due to rounding. <sup>3</sup>SFY 2022 data is not yet available, as outcomes are measured one full year after date of deferral.</i>				

In June 2020, DCFS also began deferring calls related to newborns exposed only to THC, when there were no concerns related to the caregiver’s ability to parent the child. On June 22, 2020, Intake received its first call related to newborns exposed only to THC, when there were no concerns related to the caregiver’s ability to parent the child that resulted in a deferral of newborns exposed to THC. At the end of SFY 2021, DCFS had deferred 100 newborns and their families to OSUMH for supports and services related to substance use and parenting needs. Please see the table below for SFY 2021 data.

<b>SFY 2021 THC-Only Mothers Initial Date of Deferral from DCFS to DASMH</b>				
DCFS Service Return within One Year of the Initial Date of Deferral	SFY 2021 <sup>1</sup> Number of Families	SFY 2021 Percent of Families <sup>2</sup>	SFY 2022 Number of Families <sup>3</sup>	SFY 2022 Percent of Families <sup>3</sup>
CPS Only	17	17 %		
In-Home PSC – Voluntary	2	2%		
In-Home PSS – Court Ordered	2	2%		
Foster Care	5	5%		
No Further DCFS Involvement	72	72%		
In-Home Assessment	1	1.00%		
TOTAL Cases <sup>1</sup>	99	99.00%		
<i>NOTES: <sup>1</sup>SFY 2021 Data includes June 22 - June 30, 2020, as June 22, 2020, is the program's first date of deferral. <sup>2</sup> Total Percent of Families may not total 100% due to rounding. <sup>3</sup>SFY 2022 data is not yet available, as outcomes are measured one full year after date of deferral.</i>				

While the category “No further Involvement” with pregnant mothers (42%) is lower than with THC-only mothers (72%), this shows that DCFS is responding when a need for child welfare intervention is present at time of birth.

Changes were also made to the mandatory reporting law to focus on the functional impairment of the mother at the time of birth over simple exposure, especially for women who do not test positive at the time of birth. Reporting is still required if the child has withdrawal symptoms or is adversely affected due to substance use.

DCFS has not made any changes in practice guidelines for addressing needs of infants affected by illegal substances or with fetal alcohol spectrum disorder, as specified in detail in the CAPTA plan update submitted in June 2018. However, the agency has made ongoing efforts to educate staff about children and caregivers who meet the criteria and should be receiving a Plan of Safe Care as outlined in CAPTA sections 106(b)(2)(B)(ii) and (iii), and to ensure that DCFS is appropriately targeting and serving this population.

## **Multi-disciplinary Outreach**

DHHS DCFS, OSUMH, Family Health Services (FHS) have been working together regarding programs and services available to children and their parents, particularly for substance use disorder prevention and treatment.

DCFS continues to work with OSUMH, local mental health authorities, substance use authorities, health departments, and private providers to develop a list of wraparound services that can be offered to pregnant women who have a substance use disorder, including the provision of a Plan of Safe Care.

DCFS worked with OSUMH and community substance use disorder local authorities to implement family-based residential substance use treatment programs for children in foster care and their parents under the Family First Prevention Services Act. For more information, please see Attachment G. Parent Child SUD Residential CQI Report.

In FFY 2021, DCFS worked with the Utah Women and Newborns Quality Collaborative to create “safety bundle training” for hospital staff and promote cross system collaboration of cases involving fetal exposure. This training aims to increase the understanding of the roles each group plays in supporting newborns and families when there has been fetal exposure. Training courses are ongoing.

## **Plan of Safe Care**

The DCFS CAPTA Program Administrator and the Strengthening Families Program Administrator are actively engaged in collaborative meetings with the OSUMH and other DHHS partners to bolster the existence and use of Plan of Safe Care in the state. With its partners, DCFS is working to ensure services are available and eliminate gaps. The efforts are ongoing and will continue to expand as funding, programs, and opportunities for service connections grow. Please see below for information on these efforts.

### ***Monitoring Plan of Safe Care***

At present, most children receiving Plan of Safe Care are monitored through traditional in-home or out-of-home foster care services, because this population is primarily served by DCFS. Each family served by DCFS through in-home or out-of-home services receives a needs assessment. Families are linked to services based on need. The effectiveness of services is monitored as a primary function of an ongoing case. Efforts are ongoing to bolster available services.

Plan of Safe Care may also be monitored through ongoing Child and Family Services Reviews (CFSR+) and Case Process Reviews, the Division's annual qualitative and quantitative review processes. Needs assessment, case planning, and adequacy of services are among the components of these case review processes.

The University of Utah College of Social Work SRI conducted a study to provide an independent analysis of implementation of Plan of Safe Care requirements to ensure that implementation is consistent with the requirements outlined in sections 106(b)(2)(B)(ii) and (iii) of CAPTA. This study provided findings and recommendations, which DCFS is considering for future implementation. As DCFS expands utilization of Plan of Safe Care through outside organizations, the Division will work with partners to develop a mechanism for ongoing monitoring of Plan of Safe Care.

### ***Expansion of Plan of Safe Care***

DCFS remains focused on creating statewide use of Plan of Safe Care. A Plan of Safe Care lists services and resources parents and their families can use to support their infant's ongoing health, development, safety, and wellbeing. A plan also includes the family's physical, social, and emotional health; substance use disorder treatment; parenting skills; and readiness to care for their infant.

Collaboration with community partners to develop, implement, and strengthen activities related to Plan of Safe Care is ongoing. The planning process will include necessary budgetary considerations to ensure that a substantial portion of FFYs 2022, 2023, 2024 CAPTA funds are used for this purpose.

Planning is ongoing with the DHHS Maternal and Infant Health Program, including the Utah Women and Newborn Quality Collaborative, Utah Home Visiting Program, OSUMH; SUPeRAD (Substance Use

in Pregnancy Recovery Addiction Dependence) Clinic at the University of Utah; and 211 resource help line, among others.

Utah's vision is to provide an easy-to-use tool for statewide creation of Plan of Safe Care. The tool will assist healthcare providers in screening pregnant women for substance use disorder and other risk factors. Successful models in Connecticut and other states have been reviewed. Measures will include the number of screenings and resulting Plan of Safe Care, the locations within the state that screenings and plan creation occurs, and the rate of referrals for prenatal exposure, which will hopefully decline.

### *Plan of Safe Care Survey*

During FFY 2022, DCFS collaborated with DHHS to create a survey for use with Utah health systems' providers that serve pregnant mothers across the state. DCFS interns attempted to contact clinic managers for survey completion, but progress was slow. The survey was intended to provide insight on existing use of Plan of Safe Care within the state and related service and resource gaps.

### *Pilot Site*

In FFY 2020, the University of Utah Hospital Labor and Delivery Department began a Plan of Safe Care pilot. Within this pilot program, if the identified patient is a patient at the University's SUPeRAD clinic, their Plan of Safe Care becomes a part of their recovery portfolio.

### *Meetings with Utah Hospitals*

Due to the survey challenges, the CAPTA Program Administrator and the Strengthening Families Program Administrator have begun holding virtual meetings to educate Utah hospital labor and delivery departments on Plan of Safe Care and encourage their participation and use of the Plan of Safe Care form. As of February 2023, the two program administrators have met with 35 labor and delivery managers throughout the state. The two program administrators will follow-up twice per year, beginning March 2023, to collect the number of Plans of Safe Care completed with labor and delivery patients who have substance-exposed infants.

Utah's larger hospital systems have also facilitated meetings for the two program administrators with the hospitals' social work teams. In these meetings, the two program administrators provide an orientation to Plan of Safe Care; this connection is critical to successful implementation as, in these hospitals, social work manages patient discharge planning.

### *Plan of Safe Care Position*

In April 2023, DCFS began using CAPTA funds to support a Plan of Safe Care Program Administrator. This position will work closely with the CAPTA Program Administrator and will serve as a liaison for pregnant women referred by DCFS Intake to OSUMH for assistance with connection to SUD treatment services and medical professionals. The position will also provide outreach and education to medical professionals in the state regarding the benefits of screening pregnant women for SUD and use of Plan of Safe Care, where appropriate. Additionally, this position will also work with Utah's CRPs.

#### *Next Steps*

Next steps will include holding Plan of Safe Care educational meetings with the state's 500+ registered OBGYN providers, which may take place through regional training courses. Utah is also planning to meet with Utah's Instacare/Urgent Care centers, as listening sessions have shown that many pregnant women who are using substances first learn of their pregnancy in these facilities. Unfortunately, for a myriad of reasons, many of these pregnant women avoid further prenatal care.

### **Technical Assistance Needs**

DCFS believes it is effectively in compliance with Sections 106(b)(2)(B)(ii) and (iii) of CAPTA and does not expect to require any federal technical assistance to improve current practice.

### **Governors Assurance Statement**

The CAPTA Governor's Assurance Statement verifying compliance with the provisions of CAPTA section 106(b)(2)(B)(vii), as amended by the Victims of Child Abuse Act Reauthorization Act of 2018, was signed by Governor Gary Herbert, Utah's former governor, and submitted previously.

### **State Liaison Officer for CAPTA**

The following individual is the State Liaison Officer for CAPTA and may be contacted regarding questions that relate CAPTA or child abuse and neglect:

Daniel Rich  
Division of Child and Family Services  
195 North 1950 West  
Salt Lake City, UT 84116  
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## Statistical and Supporting Information

### CAPTA Annual State Data Report

#### *Information on Child Protective Services Workforce Education, Qualifications, and Training Requirements*

All DCFS direct service staff are required to complete 120 hours of in-class Practice Model Training and 40 hours of supervised field experience before they can work individually with children and families. During this training, staff learn about the foundations of child welfare, receive an orientation to DCFS, and are introduced to the Division's Mission, Practice Model, Practice Skills, and Practice Principles. Among other topics, training includes instruction on child abuse and neglect, worker safety, child interviewing, adult engagement, motivational interviewing, , purposeful contacts, creating safety to prevent removal of children, the removal of children process (when necessary), developmental screening, Structured Decision-Making (SDM), legal aspects of child protection provided by the Office of the Attorney General, Trauma Informed Care, the effects of trauma on child development, and use of the SAFE database. Additionally, participants are introduced to the Strengthening Families Protective Factors (SFPF) and the Utah Family and Children Engagement Tool (UFACET) that provide workers with tools and skills that can help them effectively serve children and families receiving in-home services.

Following Practice Model Training, new employees work side-by-side with experienced caseworkers and supervisors who provide one-on-one coaching as new caseworkers learn about the processes of Intake, CPS, In-Home, Foster Care, and other program services.

Within 90 days of hire, direct service staff are required to complete the following web-based training courses: 4th and 14th Amendments, Documenting in Child Welfare, Sentinels for Safety, Law Rules and Policy, History of Child Welfare, and Intake training.

Within one year of being hired, direct service staff are required to complete the following web-based training courses: Introduction to the Indian Child Welfare Act, Domestic Violence, and Infant Safe Sleep, Random Moment Sample, Hearing Quality Training Fostering Healthy Children Program, Ethics, Divorce Conflict, Juvenile Court Education Report, Contracts, and Assessments Training.

Additionally, within one year of being hired, direct service staff are required to complete the following in person courses: Trust Based Relational Intervention Overview for Caseworkers (TBRI), and Bridges out of Poverty and this virtual instructor lead training Secondary Traumatic Stress,

To keep their skills current, all direct services staff are required to complete 20 hours of additional training each year. To meet this requirement, the training team schedules several courses in which

instructors address specific child welfare issues or teach advanced casework skills. In addition, staff are encouraged to participate in outside training opportunities during which they learn about new service delivery models, skills, tools, or techniques as well as connect with direct service, clinical, and administrative staff employed by other agencies.

At the beginning of State Fiscal Year (SFY) 2022, DCFS added a Social Service Worker II job title. For direct service staff to attain this job title they must hold a current Utah Social Service Worker License, be employed with DCFS for at least 3 years, and complete the following training criteria:

**First Year Training Requirements**

<b>Practice Model</b>
<p><b>Trust-Based Relational Interventions Overview</b>            Format: Virtual Instructor Lead            Duration: 6 hours</p>
<p><b>Bridges Out of Poverty</b>            Format: Virtual Instructor Lead            Duration: 6 hours</p>
<p><b>Trauma Informed Care and Secondary Traumatic Stress (STS)</b>            Format: Virtual Instructor Lead            Duration: Trauma Informed Care: 3 hours, STS: 3 hours</p>

**Second Year Training Requirements**

<p><b>Protective Factors Framework Web based Training</b>            Format: Virtual</p>
<p>One of the following:</p> <ol style="list-style-type: none"> <li><b>1. Advanced Engagement Skills</b> <ol style="list-style-type: none"> <li>a. Format: Virtual Instructor Lead</li> <li>b. Duration: 3 weekly sessions, 6 hours each</li> </ol> </li> <li><b>2. Advanced Substance Use Disorder Curriculum</b> <ol style="list-style-type: none"> <li>a. Format: Virtual Instructor Lead</li> <li>b. Duration: 3 weekly sessions, 6 hours each</li> </ol> </li> </ol>

### Third Year Training Requirements

<p><b>Advanced Teaming<sup>1</sup></b>          NOTE: <sup>1</sup> Not currently available, release date TBD.</p>
<p><b>Equity, Diversity, and Inclusion</b></p> <p><b>1. Online Modules: <i>Implicit Racial Bias 101: Exploring Implicit Bias in Child Protection</i></b></p> <p>a. Format: Virtual          b. Duration: 4 hours</p> <p><b>2. In-Person Workshop:</b></p> <p>a. Not currently available, release date TBD</p>
<p>One of the following (opposite from year 2):</p> <p><b>1. Advanced Engagement Skills</b></p> <p><b>2. Advanced Substance Use Disorder Curriculum</b>          (please see Year Two above for more information)</p>

To ensure that the Practice Model is universally understood and applied by all individuals employed by DCFS, support staff are also required to complete the four-hour online Practice Model Training for Support Staff and are required to take at least 20 hours of additional agency related training each year. Regardless of whether an employee is a direct services or support staff, all must complete periodic department and state mandatory administrative courses including respect in the workplace training, ethics training, driver’s safety training, and training related to the use of state technology resources.

All training completed by staff is recorded and stored in SAFE, Utah’s CCWIS database, and in the Division’s new SABA Learning Management System (LMS). Both SAFE and LMS have training modules that allow access for administrators, supervisors, and employees. These systems also allow the training team to develop training-related demographic and statistical reports, which are used to identify training needs and develop or improve new or existing courses.

During SFY 2022, 205 new employees completed Practice Model training. Training included one full day and two half days of simulation. Simulation training emphasized caseworker critical skills in CPS and Permanency settings. The table below presents the months during which Practice Model Training was held and the number of new employees in attendance. Please see the table below for the month held and number in attendance at SFY 2022 Practice Model Training.

<b>SFY 2022 Practice Model Training</b>	
Month Held	Number in Attendance
Aug-21	30
Oct-21	46
Dec-21	18
Feb-22	36
Apr-22	34
Jun-22	41
TOTAL	205

Practice Model training is offered at minimum six times per year with 30 total training courses held over the last five years and 184 average number of participants per year.

During SFY 2022, the Training Team provided Leader On-boarding training quarterly. Training included BCI/E-warrant, Human Resources, Ethics, Finance, Risk Management, Coaching, and Transition from Peer to Supervisor.

Following the purchase of SABA, the professional development team began to update online learning training to fit the new technical requirements of the LMS. This necessitated revisiting all the material, updating, and repackaging it so that, through the LMS, employees could utilize the material. Updating is an ongoing process with new content added regularly.

Please see the below table for SFY 2022 training provided.

<b>SFY 2022 Training Provided</b>	
Training	Number in Attendance
Practice Model	205
Policy Updates (3 Mandatory Information Communications)	2,299
Family Action Meeting Training	120
Leader On-boarding	28
Legislative Update Training	919
BCI Training- new internal process	640
SDM Revalidation & SAFE system update	465
SAFE Activity Logs	700
UFACET Recertification	623
DCFS Ethics	489
Domestic Violence Training	27
Bridges out of Poverty	37
TBRI Overview for Caseworkers	133
Secondary Traumatic Stress	75
Trauma Informed Care	91
Advanced Substance Use	157
Advanced Engagement	83
DCFS Suicide Prevention	127
Sentinels for Safety	185
Grief & Loss for Foster/Adoptive Parents	56
CIP Webinar 5- Safety Decision Making (Sep 2021)	350
CIP Webinar 6- CIP & DCFS Hearing Quality (Nov 2021)	445
CIP Webinar 7- Safety Decision Making (Dec 2021)	392

### ***Child Protective Services Personnel Demographic Information***

The two tables below contain demographic information for the DCFS child protective services workforce, including Intake and CPS caseworkers and supervisors for FFYs 2018-2022.

<b>Child Protective Services Workforce Gender Demographics</b> ( Intake and CPS Caseworkers and Supervisors)										
	FFY 2018		FFY 2019		FFY 2020		FFY 2021		FFY 2022	
Gender	Number	Percent								
Female	376	74.8%	414	77.1%	376	74.8%	414	77.1%	453	81.3%
Male	127	25.2%	123	22.9%	127	25.2%	123	22.9%	104	18.7%
TOTAL	503		537		503		537		557	

<b>Child Protective Services Workforce Race Demographics</b> ( Intake and CPS Caseworkers and Supervisors)											
	FFY 2018		FFY 2019		FFY 2020		FFY 2021		FFY 2022		
Race	Count	Percent									
American Indian or Alaska Native	4	0.8%	4	0.7%	4	0.8%	4	0.7%	4	0.7%	
Asian	4	0.8%	6	1.1%	4	0.8%	6	1.1%	5	0.9%	
Black or African American	6	1.2%	4	0.7%	6	1.2%	4	0.7%	5	0.9%	
Hispanic or Latino Origin	42	8.3%	46	8.6%	42	8.3%	46	8.6%	55	9.9%	
Multiracial	8	1.6%	8	1.5%	8	1.6%	8	1.5%	10	1.8%	
Native Hawaiian or Other Pacific Islander	6	1.2%	5	0.9%	6	1.2%	5	0.9%	6	1.1%	
Unknown, Declined to Disclose	39	7.8%	38	7.1%	39	7.8%	38	7.1%	47	8.4%	
White	394	78.3%	426	79.3%	394	78.3%	426	79.3%	425	76.3%	
TOTAL <sup>1</sup>	503	100.0%	537	99.9%	503	100.0%	537	99.9%	557	100.0%	
Average Age:	41		40		39		39		38		
<i>NOTE: Total Percent may not equal 100%, due to rounding.</i>											

### ***CPS Caseload Data for CPS Workers and Supervisors***

The table below reflects caseload information for CPS caseworkers who are considered full-time, having at least eight open cases on the first day of each month during FFY 2022.

<b>CPS Workers with Eight or More Open Cases on the First Day of Month in Each Month of FFY 2022</b>												
Cases Open on the First Day of the Month	Oct 2021	Nov 2021	Dec 2021	Jan 2022	Feb 2022	Mar 2022	Apr 2022	May 2022	Jun 2022	Jul 2022	Aug 2022	Sep 2022
Total Number of Cases	1858	2026	2148	1916	1754	1976	1968	1978	2085	1688	1780	1788
Number of Cases Open to Caseworkers with 8 or More Open Cases	1596	1675	1857	1638	1443	1728	1669	1683	1821	1309	1402	1514
Caseworkers with 8 or More Open Cases	117	115	120	115	108	122	117	125	120	95	110	120
Supervisors of Caseworkers with 8 or More Open Cases	52	53	49	45	46	46	45	48	46	38	43	42
Average Open Cases per Worker	13	14	15	14	13	14	14	13	15	13	12	12
Average Open Cases per Supervisor	30	31	37	36	31	37	37	35	39	34	32	36
Maximum Open Cases to a Caseworker	28	32	36	34	28	31	25	26	27	30	30	26
Maximum Open Cases to a Supervisor	90	97	116	92	93	109	97	94	106	86	93	92

Please see the two tables below for the number and percent of closed CPS cases and age of supported victims in closed CPS cases during FFYs 2018-2022.

<b>Results of Closed CPS Cases</b>										
	FFY 2018		FFY 2019		FFY 2020		FFY 2021		FFY 2022	
Case Finding at Case Closure	Count	Percent								
Supported	7,546	35.4%	7,374	34.6%	7,546	35.4%	7,374	34.6%	6,578	32.30%
Unsupported	12,535	58.8%	12,460	58.5%	12,535	58.8%	12,460	58.5%	12,342	60.60%
Unable to Complete Investigation	765	3.6%	682	3.2%	765	3.6%	682	3.2%	842	4.10%
Unable to Locate	367	1.7%	461	2.2%	367	1.7%	461	2.2%	368	1.80%
Without Merit	102	0.5%	280	1.3%	102	0.5%	280	1.3%	214	1.10%
False Report	20	0.1%	30	0.1%	20	0.1%	30	0.1%	26	0.10%
TOTAL Closed Cases <sup>1</sup>	21,335	100.1%	21,287	99.9%	21,335	100.1%	21,287	99.9%	20,370	100%

*NOTE <sup>1</sup> Total Percent of Closed Cases may not equal 100%, due to rounding.*

Supported Victims in Closed CPS Cases										
	FFY 2018		FFYH 2019		FFY 2020		FFY 2021		FFY 2022	
Victim Age at Case Start	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent
0 to 1 Year	1,705	16.3%	1,691	16.6%	1,705	16.3%	1,691	16.6%	1,157	12.60%
2 to 5 Years	2,160	20.7%	2,142	21.0%	2,160	20.7%	2,142	21.0%	1,757	19.13%
6 to 12 Years	3,847	36.8%	3,646	35.8%	3,847	36.8%	3,646	35.8%	3,207	34.92%
13 Years and Older	2,768	26.5%	2,739	26.9%	2,768	26.5%	2,739	26.9%	3,090	33.65%
TOTAL Supported Victims	10,441	100.3%	10,179	100.3%	10,441	100.3%	10,179	100.3%	9,183	100.3%

NOTE: <sup>1</sup> Total Percent of Supported Victims in Closed CPS Cases may not equal 100%, due to rounding.

### Juvenile Justice Transfers

Please see the table below for the number and percentage of children under the care of Utah’s child protection system who transferred to state juvenile justice system custody upon exit from DCFS custody during FFYs 2018-2022. The source of the data is SAFE, Utah’s CCWIS System.

Number of Youth Transferred to Juvenile Justice		
FFY	Number of Youth	Percent of Youth who Exited
2018	16	0.7%
2019	22	1.0%
2020	9	0.5%
2021	6	0.3%
2022	10	0.6%

### American Rescue Plan Act

Utah was awarded \$1,262,933 in supplemental CAPTA grant funds under the American Rescue Plan Act, with funds available for use from October 1, 2020, to September 30, 2025. Utah is prioritizing use of these funds to increase support for black, brown, indigenous, LGBTQ, and impoverished families in underserved communities. This funding may also be used to enhance Utah’s child protective services system through increased training and personnel. Utah is planning to primarily focus on the following two program areas with this funding:

Program Area #11: Developing and enhancing the capacity of community-based programs to integrate shared leadership strategies between parents and professionals to prevent and treat child abuse and neglect at the neighborhood level.

Program Area #13: Supporting and enhancing interagency collaboration among public health agencies, agencies in the child protective service system, and agencies carrying out private community-based programs to:

- Provide child abuse and neglect prevention and treatment services (including linkages with education systems), and the use of differential response; and
- Address the health needs, including mental health needs, of children identified as victims of child abuse or neglect, including supporting prompt, comprehensive health and developmental evaluations for children who are the subject of substantiated child maltreatment reports.

### ***Statewide Needs Assessment***

Utah formalized a contract with the SRI to conduct a comprehensive statewide needs assessment. This work is a joint effort between the CAPTA Program Administrator and the Child Abuse Prevention Program Administrator, using ARPA Supplemental CAPTA funds. Planning for this needs assessment took place over an 18-month period and the actual assessment period is schedule from October 1, 2022, through March 31, 2024. The primary objectives of the assessment are to:

- Analyze existing information and data related to Utah’s child abuse and prevention needs.
- Partner with stakeholders, community members, providers, and impacted families to inform funding decision-making processes.
- Create a strategic plan for statewide prevention services that will inform future Request for Proposals (RFP) and funding decisions.

SRI will conduct this research through an equity, diversity, and inclusion lens to help DCFS program administrators identify populations most in need and to ensure that services are distributed equitably. SRI is the same organization that began assisting DCFS with an evaluation of racial and ethnic disparity and disproportionality within Utah’s child welfare system in FFY 2020, using IV-E funding. SRI will leverage data gathered from that research to compliment the new research specific to prevention services.

Please see below table for SRI’s needs assessment estimated timeline.

Objectives and Tasks		2022	2023				2024
		Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar
START	Obtain IRB and MOU as needed						
	Coordinate with CTSI* & community partners						
	Develop community engagement tools						
COLLECT	Collect data, reports, other review materials						
	Gather community perspectives						
ANALYSIS	Data pre-processing, analyses						
	Evaluation of community perspectives						
SYNTHESIS	Synthesis of data, reports, community findings						
	Preliminary findings and progress report						
	Strategic planning regarding state programs						
FINAL	Summarize and review initial strategy findings						
	Reporting; Final strategic plan						

CTSI-Utah Clinical and Translational Science Institute; IRB-Institutional Review Board; MOU-Memorandum of Understanding

### ***DCFS Grants Program Manager***

At the end of FFY 2022, a DCFS Grants Program Manager was hired to manage several DCFS ARPA grants. CAPTA ARPA funds are contributing to the support of this position, and the DCFS Grants Program Manager is coordinating with the CAPTA Program Administrator on the implementation of the below CAPTA ARPA grant awards.

### ***Non-competitive Grant Award to Utah's Federally Recognized Tribes***

There are eight federally recognized Tribes in Utah: The Confederated Tribes of the Goshute Reservation, Navajo Nation, Northwestern Band of the Shoshone Nation, Paiute Indian Tribe of Utah (Cedar Band, Indian Peaks Band, Kanosh Band, Koosharem Band, Shivwits Band), San Juan Southern Paiute Tribe, Skull Valley Indian Community (Goshute), Ute Tribe (Uintah Band, White River Band, Uncompahgre Band), and Ute Mountain Ute Tribe in White Mesa.

DCFS is coordinating with the DHHS Office of American Indian Alaska Native Health and Family Services (Office) Director and the ICWA Liaison to offer non-competitive grants to Utah's federally recognized tribes for program periods through September 30, 2025.

The purpose of the grants is to strengthen and support tribal families to prevent the likelihood of child abuse and neglect. This could be done through creating new programs, enhancing existing programs, or improving knowledge of and access to programs and services available through the

tribe or in the broader community. Programs and services may be culturally tailored to meet tribal needs.

Programs and services may target families with children in the whole community, families with children where parents or children have risk factors, or families with children who have experienced child abuse and neglect.

### ***Child Protection Services***

Any remaining CAPTA ARPA funds may be used to enhance Utah's child protective services system through increased training and personnel.

## **IX. FINANCIAL INFORMATION**

### **Payment Limitation: Title IV-B, Subpart 1**

DCFS does not use IV-B subpart 1 funding to pay for childcare, foster care maintenance, or adoption assistance payments and did not do so in FFY 2005. No Title IV-B subpart 1 funding was used for these purposes in FFY 2005 or in FFY 2022. Therefore, DCFS has complied with the requirement not to spend more title IV-B subpart 1 funds in FFY 2022 than it did in FFY 2005.

Likewise, since in FFY 2022 DCFS did not use federal IV-B, subpart 1 funds for foster care maintenance payments, nor did it do so in FFY 2005, it did not allocate state funds as a match for federal funds. Therefore, DCFS has complied with the requirement that the FFY 2022 state match for foster care maintenance payments did not exceed the amount of the FFY 2005 match.

The maximum amount of Title IV-B subpart 1 funds that will be claimed for administrative costs, as specified in section 422(c) of the Social Security Act, will be limited to 10%.

### **Payment Limitation: Title IV-B, Subpart 2**

As noted under Expenditure of PSSF Funding, DCFS plans to expend at least 20% of total PSSF funds in each of the four service categories.

The maximum amount of Title IV-B Part 2 funds that will be claimed for administrative costs, including caseworker visitation funds, will be limited to 10% as specified in section 434(d) of the Social Security Act.

### **FFY 2021 IV-B Subpart 2 - Payment Limit Non-Supplantation Requirements**

[45 CFR Parts 1357.15(F)]

DCFS will not use federal funds awarded under Title IV-B Part 2 to supplant federal or state funds for existing family support, family preservation, family reunification and adoption support services based upon the state's FY 1992 expenditures.

Please see the table below.

	State	Federal	Total	75% of SFY	State	Federal	Total	25% of SFY	FFY 1992
Homemaker Services	25,600	28,900	54,500	19,200	25,600	32,900	58,500	6,400	25,600
Family Preservation Services	139,800	150,900	290,700	104,850	125,600	86,300	211,900	31,400	136,250
In-home Services	52,400	46,500	98,900	39,300	57,000	13,800	70,800	14,250	53,550
Parenting Skill Services	8,500	25,600	34,100	6,375	14,200	19,900	34,100	3,550	9,925
Crisis Nursery Services	0	134,229	134,229	0	139,500	428,118	567,618	34,875	34,875
Subsidized Adoptions (non-IV-E)	139,200	294,500	433,700	104,400	54,776	347,615	402,391	13,694	118,094
Children's Trust Fund	350,000		350,000	0	350,000	0	350,000	0	350,000
<b>Total</b>	<b>715,500</b>	<b>680,629</b>	<b>1,396,129</b>	<b>274,125</b>	<b>766,676</b>	<b>928,633</b>	<b>1,695,309</b>	<b>104,169</b>	<b>728,294</b>
					<b>State</b>	<b>Federal</b>	<b>Total</b>		<b>Total Expenditures FFY 2022</b>
Homemaker Services (HHMK)					0	0	0		0
Family Preservation Services (PSSF)(HFFP)					203,725	611,175	814,900		814,900
In-home Services (HIHS)					186,047	558,143	744,190		744,190
Parenting Skill Services (FFS and PPC)					252,739	758,216	1,010,955		1,010,955
Crisis Nursery Services (HCSN)					1,496,025	374,006	1,870,031		1,870,031
Subsidized Adoptions (non-IV-E-HSAO)					3,410,308	0	3,410,308		3,410,308
Adoption Assistance (HSAN)					0	0	0		0
Children's Trust Fund (HNTE)					262,521	0	262,521		262,521
<b>Total</b>					<b>5,811,365</b>	<b>2,301,540</b>	<b>8,112,905</b>		<b>8,112,905</b>

## Chafee Program

The Department of Human Services certifies that no more than 30 percent of the allotment of federal Chafee funds will be expended for room and board for youth who left foster care after the age of 18 years of age and have not yet attained age 23. Utah operates an extended foster care program and has chosen to exercise the Chafee option to serve youth up to age 23.

For the period of the public health emergency through September 30, 2021, the 30% allotment requirement was waived, and the maximum age was increased to “not yet attained age 27.” This percentage limitation has been reinstated following the end of this period of the public health emergency.